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23357

THE STATE OF SOUTH CAROLINA  
In The Court of Appeals

APPEAL FROM ANDERSON COUNTY  
Court of General Session

RECEIVED

R. Scott Sprouse, Circuit Court Judge

JUL 31 2017

SC Court of Appeals

Appellate Case No. 2015-002459

State of South Carolina,

Respondent,

v.

Debra Lynne Sheridan

Appellant.

**RECORD ON APPEAL  
VOLUME II**

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STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF ANDERSON )  
 )  
 )  
 )  
The State, )  
 )  
 )  
vs. )  
 )  
Debra Sheridan, )  
 )  
 )  
Defendant. )  
\_\_\_\_\_ )

IN THE MAGISTRATE COURT  
Warrant Number 2015A0410200410 – 425;  
2015A0410200312 to 409

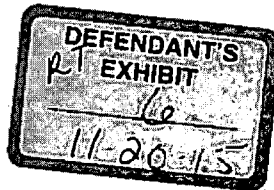
Exhibit Rabies certificate

The following are copies of rabies certificates obtained from the veterinarian in the above captioned matter.

  
Ivan Teney  
Attorney for the Defendant  
600 East Washington Street – Suite 616  
Greenville, SC 29601  
Ph: (864) 298-0071  
SC Bar # 2460

Monday, March 23, 2015  
Greenville, SC

FILED-CLERK'S OFFICE  
ANDERSON SC  
2015 NOV 23 AM 9:04  
COMMON PLEAS AND  
GENERAL SESSIONS



PM4:01:15  
MAR 23, '15

SUMMARY COURT

| VETERINARIAN'S COPY                          |  | RABIES VACCINATION CERTIFICATE                       |   |                    | Rabies Tag Number |                   |     |
|--|--|--|---|--------------------|-------------------|-------------------|-----|
| Owner's Name and Address                     |  |  |   | NASPHV Form #51    |                   | Rabies Tag Number |     |
| PRINT - Last                                 |  |  |   | First              |                   | M.I.              |     |
| GSR  |  |  |   |                    |                   | 217               |     |
| No.  |  | Street   |   | City               |                   | State             | Zip |
| Species:                                     | Sex:   | Age:   | Size:   | Predominant Breed: |                   | Colors:           |     |
| Dog <input checked="" type="checkbox"/>      | Male <input type="checkbox"/>                | 3 mo to 12 mo <input type="checkbox"/>               | Under 20 lbs. <input checked="" type="checkbox"/> | DLH                |                   | bl & w            |     |
| Cat <input checked="" type="checkbox"/>      | Female <input checked="" type="checkbox"/>   | 12 mo or older <input checked="" type="checkbox"/>   | 20 - 50 lbs. <input type="checkbox"/>             |                    |                   | wh                |     |
| Other: <input type="checkbox"/><br>(Specify) | Neutered <input checked="" type="checkbox"/> | Actual Age   | Over 50 lbs. <input type="checkbox"/>             | Name:              |                   |                   |     |
|  |  | 8 M  | Actual ___ lbs.                                   | Cookie             |                   |                   |     |
| DATE VACCINATED:                             |  | Producer:  |   | Veterinarian's #   |                   | 628               |     |
| 2 23 13                                      |  | PFI  |   | (License No.)      |                   | Bob Moorhead      |     |
| Month Day Year                               |  | (First 3 letters)                                    |   | (Signature)        |                   |                   |     |
| VACCINATION EXPIRED:                         |  | <input type="checkbox"/> 1 yr. Lic./Vacc.            |   | Address:           |                   |                   |     |
| 2 23 16                                      |  | <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. |   |                    |                   |                   |     |
| Month Day Year                               |  | Other  |   |                    |                   |                   |     |
|  |  | Vacc. Serial (lot) no.                               |   |                    |                   |                   |     |

| VETERINARIAN'S COPY                     |  | <b>RABIES VACCINATION CERTIFICATE</b>                |   |                      |                                    | Rabies Tag Number |     |
|---|--|--|---|----------------------|------------------------------------|-------------------|-----|
| Owner's Name and Address                |  |  |   |                      | Print - use ball point pen or type |                   | 216 |
| PRINT - Last                            |  |  | First   | M.I.                 | Telephone                          |                   |     |
| No.                                     |  | Street   |   | City                 |                                    | State             | Zip |
| Species:                                | Sex:   | Age:   | Size:   | Predominant Breed:   |                                    | Colors:           |     |
| Dog <input type="checkbox"/>            | Male <input checked="" type="checkbox"/>     | 3 mo to 12 mo <input type="checkbox"/>               | Under 20 lbs. <input checked="" type="checkbox"/> | D.L.H.               |                                    | orange            |     |
| Cat <input checked="" type="checkbox"/> | Female <input type="checkbox"/>              | 12 mo or older <input type="checkbox"/>              | 20 - 50 lbs. <input type="checkbox"/>             | Name: Mr. Man        |                                    |                   |     |
| Other: <input type="checkbox"/>         | Neutered <input checked="" type="checkbox"/> | Actual Age: 17                                       | Over 50 lbs. <input type="checkbox"/>             |                      |                                    |                   |     |
| DATE VACCINATED:                        |  | Producer: PFI  |   | Veterinarian's # 628 |                                    |                   |     |
| 2 23 13                                 |  | (First 3 letters)                                    |   | (License No.)        |                                    |                   |     |
| Month Day Year                          |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. |   | Bob Moorhead         |                                    |                   |     |
| VACCINATION EXPIRED:                    |  | <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. |   | (Signature)          |                                    |                   |     |
| 2 23 16                                 |  | Other  |   | Address:             |                                    |                   |     |
| Month Day Year                          |  | Vacc. Serial (lot) no.                               |   |                      |                                    |                   |     |

| VETERINARIAN'S COPY                          |  | RABIES VACCINATION CERTIFICATE                       |   |                    | Rabies Tag Number |           |
|--|--|--|---|--------------------|-------------------|-----------|
| Owner's Name and Address                     |  |  |   | NASPHV Form #51    |                   | 202       |
| PRINT - Last                                 |  |  |   | First              |                   | Telephone |
| GSR  |  |  |   |                    |                   |           |
| No.  | Street                                     | City   | State   | Zip                |                   |           |
| Species:                                     | Sex:                                       | Age:   | Size:   | Predominant Breed: | Colors:           |           |
| Dog <input checked="" type="checkbox"/>      | Male <input type="checkbox"/>              | 3 mo to 12 mo <input type="checkbox"/>               | Under 20 lbs. <input checked="" type="checkbox"/> | S-T                | bl. & w.          |           |
| Cat <input type="checkbox"/>                 | Female <input checked="" type="checkbox"/> | 12 mo or older <input type="checkbox"/>              | 20 - 50 lbs. <input type="checkbox"/>             |                    | wh.               |           |
| Other: <input type="checkbox"/><br>(Specify) | Neutered <input type="checkbox"/>          | Actual Age   | Over 50 lbs. <input type="checkbox"/>             | Name:              |                   |           |
|  |  | 2.4  | Actual ___ lbs.                                   | Bojangles          |                   |           |
| DATE VACCINATED:                             |  | Producer:  |   | Veterinarian's: #  |                   |           |
| 3 23 13                                      |  | PFI  |   | 628                |                   |           |
| Month Day Year                               |  | (First 3 letters)                                    |   | (License No.)      |                   |           |
| VACCINATION EXPIRED:                         |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. |   | (Signature)        |                   |           |
|  |  | <input type="checkbox"/> 3 yr. Lic./Vacc.            |   | Bob Moorhead       |                   |           |
|  |  | Other  |   | Address:           |                   |           |
| Month Day Year                               |  | Vacc. Serial (lot) no.                               |   |                    |                   |           |

| VETERINARIAN'S COPY                                |   | RABIES VACCINATION CERTIFICATE          |   |                        | NASPHV Form #51     |  |
|--|---|---|---|------------------------|---------------------|--|
| Owner's Name and Address                           |   |   |   | Rabies Tag Number      |                     |  |
| PRINT - Last<br><b>GSR</b>                         |   |   |   | <b>214</b>             |                     |  |
| First  |   | M.I.                                    | Telephone   |                        |                     |  |
| No.  | Street  | City                                    | State   | Zip                    |                     |  |
| Species:   | Sex:  | Age:                                    | Size:   | Predominant Breed:     | Colors:             |  |
| Dog <input checked="" type="checkbox"/>            | Male <input type="checkbox"/>   | 3 mo to 12 mo <input type="checkbox"/>  | Under 20 lbs. <input checked="" type="checkbox"/> | <b>Boxer X Terrier</b> |                     |  |
| Cat <input type="checkbox"/>                       | Female <input checked="" type="checkbox"/>  | 12 mo or older <input type="checkbox"/> | 20 - 50 lbs. <input type="checkbox"/>             |                        | <b>brn &amp; wh</b> |  |
| Other: <input type="checkbox"/><br>(Specify)       | Neutered <input type="checkbox"/>   | Actual Age <u>2 1/2</u>                 | Over 50 lbs. <input type="checkbox"/>             | Name: <b>Margo</b>     | <b>WA</b>           |  |
| DATE VACCINATED:                                   | Producer: <b>PFI</b><br>(First 3 letters)   |   | Veterinarian's: # <b>628</b><br>(License No.)     |                        |                     |  |
| <u>2</u> / <u>23</u> / <u>13</u><br>Month Day Year | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc.<br><input checked="" type="checkbox"/> 3 yr. Lic./Vacc.<br>Other _____ |   | <b>Bob Moorhead</b><br>(Signature)                |                        |                     |  |
| VACCINATION EXPIRED:                               | Vacc. Serial (lot) no. _____  |   | Address: _____                                    |                        |                     |  |
| <u>2</u> / <u>23</u> / <u>16</u><br>Month Day Year |   |   |   |                        |                     |  |

| VETERINARIAN'S COPY  |  | RABIES VACCINATION CERTIFICATE  |   |  |                                       |
|--|--|---|---|--|---------------------------------------|
| Owner's Name and Address<br>PRINT - Last <u>GSR</u> First _____ M.I. _____<br><small>Print - use ball point pen or type</small>  |  |   |   |  | Rabies Tag Number<br><u>201</u>       |
| No. _____ Street _____ City _____ State _____ Zip _____  |  |   |   |  |                                       |
| Species:<br>Dog <input checked="" type="checkbox"/> Male <input type="checkbox"/><br>Cat <input type="checkbox"/> Female <input type="checkbox"/><br>Other: <input type="checkbox"/> Neutered <input type="checkbox"/><br><small>(Specify)</small> | Sex:<br>Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/>  | Age:<br>3 mo to 12 mo <input type="checkbox"/><br>12 mo or older <input type="checkbox"/><br>Actual Age <u>2 y</u>                  | Size:<br>Under 20 lbs. <input type="checkbox"/><br>20 - 50 lbs. <input checked="" type="checkbox"/><br>Over 50 lbs. <input type="checkbox"/><br>Actual _____ lbs. | Predominant Breed:<br><u>ocker</u><br>Name: <u>Joe</u> | Colors:<br><u>bl + w</u><br><u>wb</u> |
| DATE VACCINATED:<br><u>2</u> / <u>23</u> / <u>13</u><br>Month Day Year   | Producer: <u>PFI</u><br><small>(First 3 letters)</small><br><input checked="" type="checkbox"/> 1 yr. Lic./Vacc.<br><input type="checkbox"/> 3 yr. Lic./Vacc.<br>_____ Other | Veterinarian's: # <u>628</u><br><small>(License No.)</small><br><u>Bob Moorhead</u><br><small>(Signature)</small><br>Address: _____ |   |  |                                       |
| VACCINATION EXPIRED:<br>_____ / _____ / _____<br>Month Day Year  | Vacc. Serial (lot) no. _____   |   |   |  |                                       |

| VETERINARIAN'S COPY                                    |  | RABIES VACCINATION CERTIFICATE  |   |   | NASPHV Form #51 |                                 |
|--|--|---|---|---|-----------------|---------------------------------|
| Owner's Name and Address<br>PRINT - Last<br><b>GSR</b> |  |   |   | First   |                 | Rabies Tag Number<br><b>213</b> |
| Street   |  |   |   | M.I.  | Telephone       |                                 |
| No.  | City   |   |   | State   | Zip             |                                 |
| Species:   | Sex:   | Age:  | Size:   | Predominant Breed:                            | Colors:         |                                 |
| Dog <input checked="" type="checkbox"/>                | Male <input type="checkbox"/>                | 3 mo to 12 mo <input type="checkbox"/>  | Under 20 lbs. <input checked="" type="checkbox"/> | <b>Chi.</b>                                   | <b>red</b>      |                                 |
| Cat <input type="checkbox"/>                           | Female <input checked="" type="checkbox"/>   | 12 mo or older <input type="checkbox"/>   | 20 - 50 lbs. <input type="checkbox"/>             | Name:<br><b>Cups Lake</b>                     |                 |                                 |
| Other: <input type="checkbox"/><br>(Specify)           | Neutered <input checked="" type="checkbox"/> | Actual Age<br><b>1 1/2 Y</b>  | Over 50 lbs. <input type="checkbox"/>             |   |                 |                                 |
| DATE VACCINATED:<br><b>2 23 13</b>                     |  | Producer: <b>PFI</b><br>(First 3 letters)   |   | Veterinarian's #: <b>628</b><br>(License No.) |                 |                                 |
| Month Day Year   |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc.<br><input checked="" type="checkbox"/> 3 yr. Lic./Vacc.<br>Other |   | Signature:<br><b>Bob Morshead</b>             |                 |                                 |
| VACCINATION EXPIRES:<br><b>2 22 13</b>                 |  | Vacc. Serial (lot) no.  |   | Address:                                      |                 |                                 |
| Month Day Year   |  |   |   |   |                 |                                 |

| VETERINARIAN'S COPY                          |  | RABIES VACCINATION CERTIFICATE   |  |                    | Rabies Tag Number |           |     |  |  |
|--|--|--|--|--------------------|-------------------|-----------|-----|--|--|
| Owner's Name and Address                     |  |  |  | NASPHV Form #51    |                   | 248       |     |  |  |
| PRINT - Last                                 |  |  |  | First              | M.I.              | Telephone |     |  |  |
| No.  | Street                                       |  | City   | State              | Zip               |           |     |  |  |
| Species:                                     | Sex:   | Age:   | Size:  | Predominant Breed: | Colors:           |           |     |  |  |
| Dog <input checked="" type="checkbox"/>      | Male <input checked="" type="checkbox"/>     | 3 mo to 12 mo <input type="checkbox"/>   | Under 20 lbs. <input type="checkbox"/>           |                    | Black             |           |     |  |  |
| Cat <input type="checkbox"/>                 | Female <input type="checkbox"/>              | 12 mo or older <input checked="" type="checkbox"/>   | 20 - 50 lbs. <input checked="" type="checkbox"/> |                    | Brown             |           |     |  |  |
| Other: <input type="checkbox"/><br>(Specify) | Neutered <input checked="" type="checkbox"/> | Actual Age _____   | Over 50 lbs. <input type="checkbox"/>            | Name:              |                   |           |     |  |  |
| DATE VACCINATED:                             |  | Producer:  |  | Veterinarian's: #  |                   |           |     |  |  |
| 02/14/14                                     |  | <table border="1"> <tr> <td>Y</td> <td>P</td> <td>E</td> </tr> </table><br>(First 3 letters)                     |  | Y                  | P                 | E         | 625 |  |  |
| Y  | P  | E  |  |                    |                   |           |     |  |  |
| Month Day Year                               |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc.<br><input type="checkbox"/> 3 yr. Lic./Vacc.<br>_____ Other |  | (License No.)      |                   |           |     |  |  |
| VACCINATION EXPIRED:                         |  | Vacc. Serial (lot) no.   |  | (Signature)        |                   |           |     |  |  |
| 03/26/15                                     |  |  |  | _____<br>Address:  |                   |           |     |  |  |
| Month Day Year                               |  |  |  |                    |                   |           |     |  |  |

| VETERINARIAN'S COPY                          |        | RABIES VACCINATION CERTIFICATE                       |  |   | Rabies Tag Number  |           |
|--|--------|--|--|---|--------------------|-----------|
| Owner's Name and Address                     |        |  |  | Print - use ball point pen or type                |                    | 127       |
| PRINT - Last                                 |        | First  |  | M.I.  |                    | Telephone |
| GSR  |        |  |  |   |                    |           |
| No.  | Street | City   |  | State   | Zip                |           |
| Species:                                     |        | Sex:   | Age:   | Size:   | Predominant Breed: | Colors:   |
| Dog <input type="checkbox"/>                 |        | Male <input type="checkbox"/>                        | 3 mo to 12 mo <input type="checkbox"/>             | Under 20 lbs. <input checked="" type="checkbox"/> | DSH                | Black     |
| Cat <input checked="" type="checkbox"/>      |        | Female <input checked="" type="checkbox"/>           | 12 mo or older <input checked="" type="checkbox"/> | 20 - 50 lbs. <input type="checkbox"/>             |                    | white     |
| Other: <input type="checkbox"/><br>(Specify) |        | Neutered <input type="checkbox"/>                    | Actual Age _____                                   | Over 50 lbs. <input type="checkbox"/>             | Name:              |           |
|  |        |  |  | Actual _____ lbs.                                 | GSR                |           |
| DATE VACCINATED:                             |        | Producer:  |  | Veterinarian's: #                                 |                    |           |
| 1 10 13                                      |        | [ ] [ ] [ ]  |  | 628   |                    |           |
| Month Day Year                               |        | (First 3 letters)                                    |  | (License No.)                                     |                    |           |
| VACCINATION EXPIRED:                         |        | <input type="checkbox"/> 1 yr. Lic./Vacc.            |  | (Signature)                                       |                    |           |
| 1 10 16                                      |        | <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. |  | Bob Henderson                                     |                    |           |
| Month Day Year                               |        | Other  |  | Address:  |                    |           |
|  |        | Vacc. Serial (lot) no.                               |  |   |                    |           |

| VETERINARIAN'S COPY                          |  | RABIES VACCINATION CERTIFICATE                     |   |                       | Rabies Tag Number |  |
|--|--|--|---|-----------------------|-------------------|--|
| Owner's Name and Address                     |  |  |   | Telephone             |                   |  |
| PRINT - Last <u>GSK-</u>                     |  |  |   | Telephone <u>1262</u> |                   |  |
| First  |  | M.I.   |   | State                 |                   |  |
| No.  | Street   | City   | State   | Zip                   |                   |  |
| Species:                                     | Sex:   | Age:   | Size:   | Predominant Breed:    | Colors:           |  |
| Dog <input type="checkbox"/>                 | Male <input type="checkbox"/>                        | 3 mo to 12 mo <input type="checkbox"/>             | Under 20 lbs. <input checked="" type="checkbox"/> | <u>DSH</u>            | <u>COLORED</u>    |  |
| Cat <input checked="" type="checkbox"/>      | Female <input checked="" type="checkbox"/>           | 12 mo or older <input checked="" type="checkbox"/> | 20 - 50 lbs. <input type="checkbox"/>             |                       |                   |  |
| Other: <input type="checkbox"/><br>(Specify) | Neutered <input checked="" type="checkbox"/>         | Actual Age _____                                   | Over 50 lbs. <input type="checkbox"/>             | Name:                 |                   |  |
|  |  |  | Actual _____ lbs.                                 | <u>...</u>            |                   |  |
| DATE VACCINATED:                             | Producer:  | Veterinarian's: #                                  |   | (License No.)         |                   |  |
| <u>01 10 13</u>                              | <u>PFE</u>   | <u>698</u>   |   | <u>Peter Woodcock</u> |                   |  |
| Month Day Year                               | (First 3 letters)                                    |  |   | (Signature)           |                   |  |
| VACCINATION EXPIRED:                         | <input type="checkbox"/> 1 yr. Lic./Vacc.            | Address:   |   |                       |                   |  |
| <u>1 10 16</u>                               | <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. |  |   |                       |                   |  |
| Month Day Year                               | Other  |  |   |                       |                   |  |
|  | Vacc. Serial (lot) no. _____                         |  |   |                       |                   |  |

| VETERINARIAN'S COPY  |  | <b>RABIES VACCINATION CERTIFICATE</b>  |  |  |                                 |
|--|--|--|--|--|---------------------------------|
| Owner's Name and Address<br>PRINT - Last <u>GOR</u> First _____ M.I. _____ Telephone <u>179</u>                                  |  |  |  |  | Rabies Tag Number<br><u>179</u> |
| No. _____  |  | Street _____   |  | City _____   | State _____ Zip _____           |
| Species:<br>Dog <input type="checkbox"/> Cat <input checked="" type="checkbox"/> Other: <input type="checkbox"/> (Specify) _____ | Sex:<br>Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> | Age:<br>3 mo to 12 mo <input type="checkbox"/> 12 mo or older <input checked="" type="checkbox"/> Actual Age _____ | Size:<br>Under 20 lbs. <input checked="" type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input type="checkbox"/> Actual _____ lbs. | Predominant Breed:<br>_____<br>Name: _____   | Colors:<br>_____<br>_____       |
| DATE VACCINATED:<br><u>1</u> / <u>10</u> / <u>12</u><br>Month Day Year   |  | Producer: <u>PFI</u><br>(First 3 letters)  |  | Veterinarian's # <u>1553</u><br>(License No.)<br>(Signature) <u>LEG. [Signature]</u><br>Address: _____ |                                 |
| VACCINATION EXPIRES:<br><u>1</u> / <u>10</u> / <u>16</u><br>Month Day Year   |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc.<br><input type="checkbox"/> 3 yr. Lic./Vacc.<br>_____ Other   |  | Vacc. Serial (lot) no. _____   |                                 |

| VETERINARIAN'S COPY                          |  | RABIES VACCINATION CERTIFICATE                       |   |                    | Rabies Tag Number |           |
|--|--|--|---|--------------------|-------------------|-----------|
| Owner's Name and Address                     |  |  |   | NASPHV Form #51    |                   | 128       |
| PRINT - Last                                 |  |  |   | First              | M.I.              | Telephone |
| No.  |  | Street   |   | City               | State             | Zip       |
| Species:                                     | Sex:                                     | Age:   | Size:   | Predominant Breed: | Colors:           |           |
| Dog <input type="checkbox"/>                 | Male <input checked="" type="checkbox"/> | 3 mo to 12 mo <input type="checkbox"/>               | Under 20 lbs. <input checked="" type="checkbox"/> | DSDA               | orange            |           |
| Cat <input checked="" type="checkbox"/>      | Female <input type="checkbox"/>          | 12 mo or older <input checked="" type="checkbox"/>   | 20 - 50 lbs. <input type="checkbox"/>             |                    |                   |           |
| Other: <input type="checkbox"/><br>(Specify) | Neutered <input type="checkbox"/>        | Actual Age _____                                     | Over 50 lbs. <input type="checkbox"/>             | Name:              |                   |           |
| DATE VACCINATED:                             |  | Producer:  | Veterinarian's: #                                 |                    |                   |           |
| 1 0 13                                       |  | P E I  | 128   |                    |                   |           |
| Month Day Year                               |  | (First 3 letters)                                    | (License No.)                                     |                    |                   |           |
| VACCINATION EXPIRED:                         |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. | (Signature)                                       |                    |                   |           |
| 1 10 16                                      |  | <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. | FION MacLeod                                      |                    |                   |           |
| Month Day Year                               |  | Other _____  | Address:  |                    |                   |           |
|  |  | Vacc. Serial (lot) no. _____                         |   |                    |                   |           |

VETERINARIAN'S COPY

# RABIES VACCINATION CERTIFICATE

NASPHV Form #51

Owner's Name and Address

Print - use ball point pen or type

Rabies Tag Number

624

PRINT - Last

First

M.I.

Telephone

No.

Street

City

State

Zip

Species:

Dog

Cat

Other:

(Specify)

Sex:

Male

Female

Neutered

Age:

3 mo to 12 mo

12 mo or older

Actual Age \_\_\_\_\_

Size:

Under 20 lbs.

20 - 50 lbs.

Over 50 lbs.

Actual \_\_\_\_\_ lbs.

Predominant Breed:

Maltipoo

Colors:

White

Name:

fairbanks

DATE VACCINATED:

10 4 13

Month Day Year

VACCINATION EXPIRES:

10 4 16

Month Day Year

Producer:

P J T

(First 3 letters)

1 yr. Lic./Vacc.

3 yr. Lic./Vacc.

Other \_\_\_\_\_

Vacc. Serial (lot) no. \_\_\_\_\_

Veterinarian's #

620

(License No.)

Bob Moorhead

(Signature)

Address:

| VETERINARIAN'S COPY   |      | RABIES VACCINATION CERTIFICATE  |   |  | Rabies Tag Number |   |
|---|------|---|---|--|-------------------|---|
| <i>GSN</i><br>Owner's Name and Address  |      | NASPHV Form #51<br>Print - use ball point pen or type   |   |  | Telephone         |   |
| PRINT - Last  |      | First   |   | M.I.   | Telephone         |   |
| No.   |      | Street  |   | City   |                   | State   |
| Zip   |      | State   |   | Zip  |                   | State   |
| Species:<br>Dog <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/><br>Cat <input type="checkbox"/> Female <input type="checkbox"/><br>Other: <input type="checkbox"/> Neutered: <input checked="" type="checkbox"/> (Specify) | Sex: | Age:<br>3 mo to 12 mo <input type="checkbox"/><br>12 mo or older <input checked="" type="checkbox"/><br>Actual Age _____    | Size:<br>Under 20 lbs. <input checked="" type="checkbox"/><br>20 - 50 lbs. <input type="checkbox"/><br>Over 50 lbs. <input type="checkbox"/><br>Actual _____ lbs. | Predominant Breed:<br><i>Shi-Tzu</i>         |                   | Colors:<br><i>Brown</i><br><i>Tan</i>         |
| DATE VACCINATED:<br><i>10 22 13</i><br>Month Day Year   |      | Producer: <i>PFI</i><br>(First 3 letters)   |   | Veterinarian's # <i>628</i><br>(License No.) |                   | Name:<br><i>Wilbur</i><br><i>Ragga Muffin</i> |
| VACCINATION EXPIRED:<br><i>10 22 16</i><br>Month Day Year   |      | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc.<br><input checked="" type="checkbox"/> 3 yr. Lic./Vacc.<br>_____ Other |   | (Signature)<br><i>Bob Moorhead</i>           |                   | Address:                                      |
| Vacc. Serial (lot) no.  |      | Vacc. Serial (lot) no.  |   | Address:                                     |                   | Address:                                      |

| VETERINARIAN'S COPY <b>RABIES VACCINATION CERTIFICATE</b>                                  |  |   |   |   |                                 |
|--|--|---|---|---|---------------------------------|
| Owner's Name and Address<br>PRINT - Last First M.I.  |  |   |   |   | Rabies Tag Number               |
| Owner's Name and Address<br>PRINT - Last <u>OSF</u> First _____ M.I. _____ Telephone _____ |  |   |   |   | Rabies Tag Number<br><u>140</u> |
| No.  | Street                                     | City  | State   | Zip   |                                 |
| Species:   | Sex:                                       | Age:  | Size:   | Predominant Breed:                                  | Colors:                         |
| Dog <input checked="" type="checkbox"/>  | Male <input type="checkbox"/>              | 3 mo to 12 mo <input type="checkbox"/>  | Under 20 lbs. <input checked="" type="checkbox"/> | _____   | _____                           |
| Cat <input type="checkbox"/>   | Female <input checked="" type="checkbox"/> | 12 mo or older <input type="checkbox"/>   | 20 - 50 lbs. <input type="checkbox"/>             | _____   | _____                           |
| Other: <input type="checkbox"/><br>(Specify)   | Neutered <input type="checkbox"/>          | Actual Age _____  | Over 50 lbs. <input type="checkbox"/>             | Name: _____   | _____                           |
| DATE VACCINATED:   |  | Producer: <u>P E I</u><br>(First 3 letters)   |   | Veterinarian's: # <u>628</u><br>(License No.)       |                                 |
| <u>01</u> / <u>21</u> / <u>18</u><br>Month Day Year  |  | <input type="checkbox"/> 1 yr. Lic./Vacc.<br><input checked="" type="checkbox"/> 3 yr. Lic./Vacc.<br><input type="checkbox"/> Other _____ |   | <u>Rob Macneod</u><br>(Signature)<br>Address: _____ |                                 |
| VACCINATION EXPIRED:   |  | Vacc. Serial (lot) no. _____  |   |   |                                 |
| <u>12</u> / <u>18</u><br>Year  |  |   |   |   |                                 |

| VETERINARIAN'S COPY                          |  | RABIES VACCINATION CERTIFICATE                        |  |   | Rabies Tag Number              |  |  |
|--|--|---|--|---|--------------------------------|--|--|
| <i>CSE</i><br>Owner's Name and Address       |  | NASPHV Form #51<br>Print - use ball point pen or type |  |   | <i>46</i><br>Rabies Tag Number |  |  |
| PRINT - Last                                 |  | First   |  | M.I.  | Telephone                      |  |  |
| No.  |  | Street  |  | City  |                                | State  |  |
| Zip  |  | Species:  |  | Sex:  |                                | Age:   |  |
| Dog <input checked="" type="checkbox"/>      |  | Male <input checked="" type="checkbox"/>              |  | 3 mo to 12 mo <input checked="" type="checkbox"/> |                                | Under 20 lbs. <input type="checkbox"/>           |  |
| Cat <input type="checkbox"/>                 |  | Female <input type="checkbox"/>                       |  | 12 mo or older <input type="checkbox"/>           |                                | 20 - 50 lbs. <input checked="" type="checkbox"/> |  |
| Other: <input type="checkbox"/><br>(Specify) |  | Neutered <input type="checkbox"/>                     |  | Actual Age _____                                  |                                | Over 50 lbs. <input type="checkbox"/>            |  |
| Actual _____ lbs.                            |  | Predominant Breed:                                    |  | Colors:   |                                | _____  |  |
| _____  |  | _____   |  | _____   |                                | _____  |  |
| Name: <i>DUFFE</i>                           |  | _____   |  | _____   |                                | _____  |  |
| DATE VACCINATED:                             |  | Producer:   |  | Veterinarian's #                                  |                                | (License No.)                                    |  |
| <i>3 2 15</i><br>Month Day Year              |  | <i>BE</i><br>(First 3 letters)                        |  | <i>628</i>  |                                | _____  |  |
| VACCINATION EXPIRES:                         |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc.  |  | (Signature)                                       |                                | _____  |  |
| <i>3 2 16</i><br>Month Day Year              |  | <input type="checkbox"/> 3 yr. Lic./Vacc.             |  | <i>Bob Mourhead</i>                               |                                | Address:   |  |
| _____ Other                                  |  | _____   |  | <i>804 502 0222</i>                               |                                | _____  |  |
| Vacc. Serial (lot) no.                       |  | _____   |  | _____   |                                | _____  |  |

| VETERINARIAN'S COPY                          |  | RABIES VACCINATION CERTIFICATE   |  |  | NASPHV Form #51 |  |
|--|--|--|--|--|-----------------|--|
| Owner's Name and Address<br><i>GARS</i>      |  |  |  | Rabies Tag Number<br><i>077</i>                |                 |  |
| PRINT - Last<br><i>Sheridan</i>              |  | First<br><i>Debra</i>  |  | M.I.   |                 |  |
| No.  |  | Street   |  | City   |                 |  |
| State  |  | State  |  | Zip  |                 |  |
| Species:                                     | Sex:                                     | Age:   | Size:                                  | Predominant Breed:                             | Colors:         |  |
| Dog <input type="checkbox"/>                 | Male <input checked="" type="checkbox"/> | 3 mo to 12 mo <input type="checkbox"/>   | Under 20 lbs. <input type="checkbox"/> | <i>Siamese X</i>                               | <i>White</i>    |  |
| Cat <input checked="" type="checkbox"/>      | Female <input type="checkbox"/>          | 12 mo or older <input type="checkbox"/>  | 20 - 50 lbs. <input type="checkbox"/>  |  |                 |  |
| Other: <input type="checkbox"/><br>(Specify) | Neutered <input type="checkbox"/>        | Actual Age _____   | Over 50 lbs. <input type="checkbox"/>  |  |                 |  |
|  |  |  | Actual _____ lbs.                      | Name:  |                 |  |
| DATE VACCINATED:                             |  | Producer: <i>BE</i><br>(First 3 letters)   |  | Veterinarian's #: <i>1028</i><br>(License No.) |                 |  |
| <i>3 12 15</i><br>Month Day Year             |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc.<br><input type="checkbox"/> 3 yr. Lic./Vacc.<br>_____ Other |  | <i>Bob Mounthead</i><br>(Signature)            |                 |  |
| VACCINATION EXPIRED:                         |  | Vacc. Serial (lot) no. _____   |  | Address:                                       |                 |  |
| <i>3 13 16</i><br>Month Day Year             |  |  |  |  |                 |  |

| VETERINARIAN'S COPY   |  | RABIES VACCINATION CERTIFICATE   |   |  | NASPHV Form #51                        |          |   |  |  |
|---|--|--|---|--|--|----------|---|--|--|
| Owner's Name and Address<br><i>GSR</i>  |  |  |   | Rabies Tag Number<br><i>392</i>                                      |  |          |   |  |  |
| PRINT - Last<br><i>Sharda</i>   |  |  | First<br><i>Debra</i>   | M.I.   | Telephone                              |          |   |  |  |
| No.   | Street   | City   | State   | Zip  |  |          |   |  |  |
| Species:<br>Dog <input checked="" type="checkbox"/><br>Cat <input type="checkbox"/><br>Other: <input type="checkbox"/><br>(Specify) | Sex:<br>Male <input checked="" type="checkbox"/><br>Female <input type="checkbox"/><br>Neutered <input type="checkbox"/> | Age:<br>3 mo to 12 mo <input type="checkbox"/><br>12 mo or older <input checked="" type="checkbox"/><br>Actual Age _____       | Size:<br>Under 20 lbs. <input checked="" type="checkbox"/><br>20 - 50 lbs. <input type="checkbox"/><br>Over 50 lbs. <input type="checkbox"/><br>Actual _____ lbs. | Predominant Breed:<br><i>Pom</i>                                     | Colors:<br><i>Blue</i><br><i>White</i> |          |   |  |  |
| DATE VACCINATED:<br><i>10 5 12</i><br>Month Day Year  |  | Producer:<br><table border="1"> <tr> <td><i>S</i></td> <td><i>R</i></td> <td><i>T</i></td> </tr> </table><br>(First 3 letters) |   | <i>S</i>   | <i>R</i>                               | <i>T</i> | Veterinarian's # <i>1228</i><br>(License No.) |  |  |
| <i>S</i>  | <i>R</i>   | <i>T</i>   |   |  |  |          |   |  |  |
| VACCINATION EXPIRES:<br><i>10 5 15</i><br>Month Day Year  |  | <input type="checkbox"/> 1 yr. Lic./Vacc.<br><input checked="" type="checkbox"/> 3 yr. Lic./Vacc.<br>_____ Other               |   | (Signature)<br><i>Bob Magatad</i><br>Address:<br><i>864 502 0222</i> |  |          |   |  |  |
| Vacc. Serial (lot) no. _____  |  |  |   |  |  |          |   |  |  |

| VETERINARIAN'S COPY                           |  | RABIES VACCINATION CERTIFICATE   |   |
|---|--|--|---|
| Owner's Name and Address<br>PRINT - Last      |  |  | NASPHV Form #51<br>Print - use ball point pen or type                 |
| Rabies Tag Number<br>204                      |  | Telephone  |   |
| No. Street                                    |  | City   | State Zip   |
| Species:                                      | Sex:                                     | Age:   | Size:   |
| Dog <input checked="" type="checkbox"/>       | Male <input checked="" type="checkbox"/> | 3 mo to 12 mo <input type="checkbox"/>   | Under 20 lbs. <input type="checkbox"/>                                |
| Cat <input type="checkbox"/>                  | Female <input type="checkbox"/>          | 12 mo or older <input type="checkbox"/>  | 20 - 50 lbs. <input type="checkbox"/>                                 |
| Other: <input type="checkbox"/><br>(Specify)  | Neutered <input type="checkbox"/>        | Actual Age _____   | Over 50 lbs. <input type="checkbox"/>                                 |
|   |  | 5 Y  | Actual _____ lbs.<br>120  |
| DATE VACCINATED:<br>2 23 13<br>Month Day Year |  | Producer: P F E<br>(First 3 letters)   | Predominant Breed: Mastiff<br>Colors: 61.                             |
| VACCINATION EXPIRED:<br>Month Day Year        |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc.<br><input type="checkbox"/> 3 yr. Lic./Vacc.<br>Other _____ | Name: Soliaith  |
|   |  | Vacc. Serial (lot) no. _____   | Veterinarian's #: 628<br>(License No.)<br>Bob Markhead<br>(Signature) |
|   |  |  | Address: _____  |

| VETERINARIAN'S COPY                          |  | RABIES VACCINATION CERTIFICATE                        |   |                                | NASPHV Form #51   |     |
|--|--|---|---|--------------------------------|-------------------|-----|
| Owner's Name and Address                     |  |   |   |                                | Rabies Tag Number |     |
| PRINT - Last <b>GSR</b>                      |  |   |   |                                | 215               |     |
| First  |  |   | M.I.  |                                | Telephone         |     |
| No.  | Street                                       |   | City  |                                | State             | Zip |
| Species:                                     | Sex:   | Age:  | Size:   | Predominant Breed:             | Colors:           |     |
| Dog <input checked="" type="checkbox"/>      | Male <input checked="" type="checkbox"/>     | 3 mo to 12 mo <input type="checkbox"/>                | Under 20 lbs. <input checked="" type="checkbox"/> | <b>Coorgi</b>                  | <b>tan</b>        |     |
| Cat <input type="checkbox"/>                 | Female <input type="checkbox"/>              | 12 mo or older <input type="checkbox"/>               | 20 - 50 lbs. <input type="checkbox"/>             | Name: <b>Bordi</b>             |                   |     |
| Other: <input type="checkbox"/><br>(Specify) | Neutered <input checked="" type="checkbox"/> | Actual Age: <b>1 1/2</b>                              | Over 50 lbs. <input type="checkbox"/>             |                                |                   |     |
| DATE VACCINATED:                             |  | Producer:   |   | Veterinarian's #               |                   |     |
| <b>2 23 13</b>                               |  | <b>PFI</b><br>(First 3 letters)                       |   | <b>628</b><br>(License No.)    |                   |     |
| Month Day Year                               |  | <input checked="" type="checkbox"/> 1 yr. Lic./ Vacc. |   | Signature: <b>Bob Moorhead</b> |                   |     |
| VACCINATION EXPIRED:                         |  | <input type="checkbox"/> 3 yr. Lic./ Vacc.            |   | Address:                       |                   |     |
| Month Day Year                               |  | Other   |   |                                |                   |     |
|  |  | Vacc. Serial (lot) no.                                |   |                                |                   |     |

| VETERINARIAN'S COPY      |  | RABIES VACCINATION CERTIFICATE                       |   |  | Rabies Tag Number  |           |
|--------------------------|--|--|---|--|--------------------|-----------|
| Owner's Name and Address |  |  |   | NASPHV Form #51                        |                    | 203       |
| PRINT - Last             |  |  |   | First                                  | M.I.               | Telephone |
| 65R                      |  |  |   |  |                    |           |
| No.                      |  | Street   |   | City                                   |                    | State     |
| Zip                      | Species:                                     | Sex:   | Age:                                    | Size:                                  | Predominant Breed: | Colors:   |
|                          | Dog <input checked="" type="checkbox"/>      | Male <input checked="" type="checkbox"/>             | 3 mo to 12 mo <input type="checkbox"/>  | Under 20 lbs. <input type="checkbox"/> | Mastiff            | bl.       |
|                          | Cat <input type="checkbox"/>                 | Female <input type="checkbox"/>                      | 12 mo or older <input type="checkbox"/> | 20 - 50 lbs. <input type="checkbox"/>  |                    |           |
|                          | Other: <input type="checkbox"/><br>(Specify) | Neutered <input type="checkbox"/>                    | Actual Age _____                        | Over 50 lbs. <input type="checkbox"/>  | Name:              |           |
|                          |  |  | 5 Y                                     | Actual _____ lbs.                      | Samson             |           |
|                          |  |  |   | 120                                    |                    |           |
| DATE VACCINATED:         |  | Producer:  |   | Veterinarian's: #                      |                    | 628       |
| 2 23 13                  |  | PFI  |   | (License No.)                          |                    |           |
| Month Day Year           |  | (First 3 letters)                                    |   | Bob Moorhead                           |                    |           |
| VACCINATION EXPIRED:     |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. |   | (Signature)                            |                    |           |
|                          |  | <input type="checkbox"/> 3 yr. Lic./Vacc.            |   | Address:                               |                    |           |
|                          |  | _____ Other  |   |  |                    |           |
| Month Day Year           |  | Vacc. Serial (lot) no.                               |   |  |                    |           |
|                          |  |  |   |  |                    |           |

| VETERINARIAN'S COPY   |  | RABIES VACCINATION CERTIFICATE   |  | NASPHV Form #51                  |          |   |  |
|---|--|--|--|----------------------------------|----------|---|--|
| Owner's Name and Address<br><u>GSR</u>  |  |  |  | Rabies Tag Number<br><u>2363</u> |          |   |  |
| PRINT - Last<br><u>Sheridan</u>   |  | First<br><u>Debra</u>  |  | M.I.<br>Telephone                |          |   |  |
| No. Street  |  | City   |  | State Zip                        |          |   |  |
| Species:<br>Dog <input checked="" type="checkbox"/> Male <input type="checkbox"/><br>Cat <input type="checkbox"/> Female <input checked="" type="checkbox"/><br>Other: <input type="checkbox"/> Neutered <input checked="" type="checkbox"/><br>(Specify) | Age:<br>3 mo to 12 mo <input type="checkbox"/><br>12 mo or older <input checked="" type="checkbox"/><br>Actual Age _____ | Size:<br>Under 20 lbs. <input type="checkbox"/><br>20 - 50 lbs. <input type="checkbox"/><br>Over 50 lbs. <input type="checkbox"/><br>Actual _____ lbs.   | Predominant Breed:<br><u>Schoodle</u><br>Name: <u>WINNIE</u> | Colors:<br><u>Tri</u>            |          |   |  |
| DATE VACCINATED:<br><u>10 5 12</u><br>Month Day Year  |  | Producer: <table border="1"><tr><td><u>B</u></td><td><u>I</u></td></tr></table><br>(First 3 letters)<br><input type="checkbox"/> 1 yr. Lic./Vacc.<br><input checked="" type="checkbox"/> 3 yr. Lic./Vacc.<br>Other _____ |  | <u>B</u>                         | <u>I</u> | Veterinarian's #: <u>628</u><br>(License No.)<br><u>Bob Monahan</u><br>(Signature)<br>Address:<br><u>864 500 0222</u> |  |
| <u>B</u>  | <u>I</u>   |  |  |                                  |          |   |  |
| VACCINATION EXPIRED:<br><u>10 5 15</u><br>Month Day Year  |  | Vacc. Serial (lot) no. _____   |  |                                  |          |   |  |

| VETERINARIAN'S COPY                     |  | RABIES VACCINATION CERTIFICATE                       |  |                       | Rabies Tag Number |          |
|---|--|--|--|-----------------------|-------------------|----------|
| Owner's Name and Address                |  |  |  | NASPHV Form #51       |                   | 395      |
| PRINT - Last                            |  |  |  | First                 |                   | M.I.     |
| Golden S Rescue                         |  |  |  | 919                   |                   | 413-0363 |
| No. 818                                 |  | Street Hamlin Rd.                                    |  | City                  | State             | Zip      |
| 818                                     |  | Hamlin Rd.   |  | Coker, S.C.           | S.C.              |          |
| Species:                                | Sex:   | Age:   | Size:                                  | Predominant Breed:    | Colors:           |          |
| Dog <input checked="" type="checkbox"/> | Male <input type="checkbox"/>                | 3 mo to 12 mo <input type="checkbox"/>               | Under 20 lbs. <input type="checkbox"/> | Pom                   | Black             |          |
| Cat <input type="checkbox"/>            | Female <input type="checkbox"/>              | 12 mo or older <input type="checkbox"/>              | 20 - 50 lbs. <input type="checkbox"/>  |                       |                   |          |
| Other: <input type="checkbox"/>         | Neutered <input checked="" type="checkbox"/> | Actual Age _____                                     | Over 50 lbs. <input type="checkbox"/>  | Name:                 |                   |          |
| (Specify)                               |  |  | Actual _____ lbs.                      | Pearl                 |                   |          |
| DATE VACCINATED:                        |  | Producer: PFI  |  | Veterinarian's #: 628 |                   |          |
| 10 5 12                                 |  | (First 3 letters)                                    |  | (License No.)         |                   |          |
| Month Day Year                          |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. |  | Bob Moorhead          |                   |          |
| VACCINATION EXPIRED:                    |  | <input type="checkbox"/> 3 yr. Lic./Vacc.            |  | (Signature)           |                   |          |
| 10 5 13                                 |  | Other _____  |  | Address:              |                   |          |
| Month Day Year                          |  | Vacc. Serial (lot) no.                               |  | 864 -                 |                   | 502-0222 |

| VETERINARIAN'S COPY                          |  | RABIES VACCINATION CERTIFICATE                       |  |                                    | Rabies Tag Number |           |
|--|--|--|--|------------------------------------|-------------------|-----------|
|  |  | NASPHV Form #51                                      |  |                                    | 394               |           |
| Owner's Name and Address                     |  |  |  | Print - use ball point pen or type |                   | Telephone |
| PRINT - Last                                 |  | First  |  | M.I.                               | Telephone         |           |
| Sherride                                     |  | Dishon   |  |                                    |                   |           |
| No. Street                                   |  | City   |  | State                              | Zip               |           |
| Species:                                     | Sex:   | Age:   | Size:                                  | Predominant Breed:                 | Colors:           |           |
| Dog <input checked="" type="checkbox"/>      | Male <input type="checkbox"/>                | 3 mo to 12 mo <input type="checkbox"/>               | Under 20 lbs. <input type="checkbox"/> | Jennex K                           | Orange            |           |
| Cat <input type="checkbox"/>                 | Female <input checked="" type="checkbox"/>   | 12 mo or older <input type="checkbox"/>              | 20 - 50 lbs. <input type="checkbox"/>  |                                    | Black             |           |
| Other: <input type="checkbox"/><br>(Specify) | Neutered <input checked="" type="checkbox"/> | Actual Age _____                                     | Over 50 lbs. <input type="checkbox"/>  | Name: Greba                        |                   |           |
|  |  |  | Actual _____ lbs.                      |                                    |                   |           |
| DATE VACCINATED:                             |  | Producer:  | Veterinarian's #                       | 1025                               |                   |           |
| 10 5 12                                      |  | B I  | (License No.)                          | Sara Montford                      |                   |           |
| Month Day Year                               |  | (First 3 letters)                                    | (Signature)                            |                                    |                   |           |
| VACCINATION EXPIRES:                         |  | <input type="checkbox"/> 1 yr. Lic./Vacc.            | Address:                               | 864 502 0222                       |                   |           |
| 10 5 15                                      |  | <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. |  |                                    |                   |           |
| Month Day Year                               |  | Other _____  |  |                                    |                   |           |
|  |  | Vacc. Serial (lot) no. _____                         |  |                                    |                   |           |

| VETERINARIAN'S COPY  |                                   | RABIES VACCINATION CERTIFICATE                       |  |                        | Rabies Tag Number |           |
|--|-----------------------------------|--|--|------------------------|-------------------|-----------|
| Owner's Name and Address<br>Print - use ball point pen or type |                                   |  |  | NASPHV Form #51        |                   |           |
| PRINT - Last   |                                   | First  |  | M.I.                   |                   | Telephone |
| No.  |                                   | Street   |  | City                   |                   | State     |
|  |                                   |  |  |                        |                   | Zip       |
| Species:   | Sex:                              | Age:   | Size:                                  | Predominant Breed:     | Colors:           |           |
| Dog <input type="checkbox"/>                                   | Male <input type="checkbox"/>     | 3 mo to 12 mo <input type="checkbox"/>               | Under 20 lbs. <input type="checkbox"/> | POMERANIAN             | WHITE             |           |
| Cat <input type="checkbox"/>                                   | Female <input type="checkbox"/>   | 12 mo or older <input type="checkbox"/>              | 20 - 50 lbs. <input type="checkbox"/>  |                        |                   |           |
| Other: (Specify) <input type="checkbox"/>                      | Neutered <input type="checkbox"/> | Actual Age _____                                     | Over 50 lbs. <input type="checkbox"/>  |                        |                   |           |
|  |                                   | Actual _____ lbs.                                    |  | Name:                  |                   |           |
| DATE VACCINATED:   |                                   | Producer:  |  | Veterinarian's: #      |                   |           |
| 3 16 15  |                                   | B I  |  | 635                    |                   |           |
| Month Day Year   |                                   | (First 3 letters)                                    |  | (License No.)          |                   |           |
| VACCINATION EXPIRED:   |                                   | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. |  | (Signature) Bob M. ... |                   |           |
| 7 16 16  |                                   | <input type="checkbox"/> 3 yr. Lic./Vacc.            |  | Address:               |                   |           |
| Month Day Year   |                                   | Other _____  |  | 8645020277             |                   |           |
|  |                                   | Vacc. Serial (lot) no. _____                         |  |                        |                   |           |

| VETERINARIAN'S COPY                                 |  | RABIES VACCINATION CERTIFICATE   |  |                          | NASPHV Form #51 |  |                      |  |
|---|--|--|--|--------------------------|-----------------|--|----------------------|--|
| Owner's Name and Address<br>PRINT - Last First M.I. |  |  |  | Rabies Tag Number<br>247 |                 |  |                      |  |
| Telephone   |  |  |  | State                    |                 |  |                      |  |
| No.   |  | Street   |  | City                     |                 |  |                      |  |
| State   |  | Zip  |  |                          |                 |  |                      |  |
| Species:  | Sex:   | Age:   | Size:                                  | Predominant Breed:       | Colors:         |  |                      |  |
| Dog <input checked="" type="checkbox"/>             | Male <input type="checkbox"/>                | 3 mo to 12 mo <input checked="" type="checkbox"/>  | Under 20 lbs. <input type="checkbox"/> | DOG                      | Black           |  |                      |  |
| Cat <input type="checkbox"/>                        | Female <input checked="" type="checkbox"/>   | 12 mo or older <input checked="" type="checkbox"/>   | 20 - 50 lbs. <input type="checkbox"/>  |                          | Brown           |  |                      |  |
| Other: <input type="checkbox"/><br>(Specify)        | Neutered <input checked="" type="checkbox"/> | Actual Age _____   | Over 50 lbs. <input type="checkbox"/>  |                          |                 |  |                      |  |
|   |  |  | Actual _____ lbs.                      | Name:                    |                 |  |                      |  |
| DATE VACCINATED:                                    |  | Producer:  |  | Veterinarian's #         |                 |  |                      |  |
| 02 26 15<br>Month Day Year                          |  | <table border="1"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table><br>(First 3 letters)                     |  |                          |                 |  | 216<br>(License No.) |  |
|   |  |  |  |                          |                 |  |                      |  |
| VACCINATION EXPIRES:                                |  | <input type="checkbox"/> 1 yr. Lic./Vacc.<br><input checked="" type="checkbox"/> 3 yr. Lic./Vacc.<br>_____ Other |  | (Signature)<br>Address:  |                 |  |                      |  |
| 03 26 16<br>Month Day Year                          |  | Vacc. Serial (lot) no.   |  |                          |                 |  |                      |  |

| VETERINARIAN'S COPY   |  | RABIES VACCINATION CERTIFICATE   |   |   |   | NASPHV Form #51 |  |
|---|--|--|---|---|---|-----------------|--|
| Owner's Name and Address<br><i>PRINT - Last</i> <u>CSR</u> First _____ M.I. _____   |  |  |   |   | Rabies Tag Number<br><u>004</u>         |                 |  |
| No. _____ Street _____ City _____ State _____ Zip _____   |  |  |   |   | Telephone _____                         |                 |  |
| Species:<br>Dog <input checked="" type="checkbox"/><br>Cat <input type="checkbox"/><br>Other: <input type="checkbox"/><br>(Specify) _____ | Sex:<br>Male <input checked="" type="checkbox"/><br>Female <input type="checkbox"/><br>Neutered <input type="checkbox"/> | Age:<br>3 mo to 12 mo <input checked="" type="checkbox"/><br>12 mo or older <input type="checkbox"/><br>Actual Age <u>4-5</u><br><i>months</i> | Size:<br>Under 20 lbs. <input type="checkbox"/><br>20 - 50 lbs. <input checked="" type="checkbox"/><br>Over 50 lbs. <input type="checkbox"/><br>Actual _____ lbs. | Predominant Breed:<br><u>Bovée</u><br>Name: <u>Toby</u> | Colors:<br><u>Classic</u><br><u>RAW</u> |                 |  |
| DATE VACCINATED:<br><u>1 5 15</u><br>Month Day Year   | Producer: <table border="1"><tr><td><u>BI</u></td></tr></table><br>(First 3 letters)                                     |  | <u>BI</u>   | Veterinarian's # <u>1028</u><br>(License No.)           |   |                 |  |
| <u>BI</u>   |  |  |   |   |   |                 |  |
| VACCINATION EXPIRED:<br><u>1 5 16</u><br>Month Day Year   | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc.<br><input type="checkbox"/> 3 yr. Lic./Vacc.<br>_____ Other         |  | (Signature)<br><u>Bob Moorhead</u>  |   |   |                 |  |
| Vacc. Serial (lot) no. _____  |  | Address:<br><u>864 502 0222</u>  |   |   |   |                 |  |

| VETERINARIAN'S COPY                          |  | RABIES VACCINATION CERTIFICATE                       |  |                       | Rabies Tag Number |               |
|--|--|--|--|-----------------------|-------------------|---------------|
| Owner's Name and Address                     |  |  |  | Telephone             |                   |               |
| PRINT - Last<br><u>Sheridan</u>              |  |  |  | First<br><u>DEBRA</u> | M.I.              | <u>000404</u> |
| No.  | Street                                   | City   | State  | Zip                   |                   |               |
| Species:                                     | Sex:                                     | Age:   | Size:  | Predominant Breed:    | Colors:           |               |
| Dog <input checked="" type="checkbox"/>      | Male <input checked="" type="checkbox"/> | 3 mo to 12 mo <input type="checkbox"/>               | Under 20 lbs. <input type="checkbox"/>           | <u>Dog</u>            | <u>Brown</u>      |               |
| Cat <input type="checkbox"/>                 | Female <input type="checkbox"/>          | 12 mo or older <input type="checkbox"/>              | 20 - 50 lbs. <input checked="" type="checkbox"/> |                       | <u>Black</u>      |               |
| Other: <input type="checkbox"/><br>(Specify) | Neutered <input type="checkbox"/>        | Actual Age <u>2 yrs</u>                              | Over 50 lbs. <input type="checkbox"/>            | Name:<br><u>Andy</u>  |                   |               |
| DATE VACCINATED:                             |  | Producer:  | Veterinarian's #                                 |                       |                   |               |
| <u>10</u>                                    | <u>17</u>                                | <u>P S I</u><br>(First 3 letters)                    | <u>628</u><br>(License No.)                      |                       |                   |               |
| Month  | Day                                      |  | <u>Bob. Moorhead</u><br>(Signature)              |                       |                   |               |
| Year   |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. | Address:   |                       |                   |               |
|  |  | <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. |  |                       |                   |               |
|  |  | Other _____  |  |                       |                   |               |
| VACCINATION EXPIRED:                         | Vacc. Serial (lot) no.                   |  | <u>502-0322</u>                                  |                       |                   |               |
| <u>10</u>                                    | <u>17</u>                                |  |  |                       |                   |               |
| Month  | Day                                      |  |  |                       |                   |               |
| Year   |  |  |  |                       |                   |               |

AGENCY COPY

# RABIES VACCINATION CERTIFICATE

NASPHV Form #51

Owner's Name and Address

Print - use ball point pen or type

Rabies Tag Number

195

PRINT - Last

GSR

First

M.I.

Telephone

No.

Street

City

State

Zip

Species:

Sex:

Age:

Size:

Predominant Breed:

Colors:

Dog

Male

3 mo to 12 mo

Under 20 lbs.

Beach

Bl. Hair

Cat

Female

12 mo or older

20 - 50 lbs.

Name: Margo

tan

Other

Neutered

Actual Age: 1 1/2 y

Over 50 lbs.

Actual lbs.

DATE VACCINATED:

2 22 11 3

Month Day Year

VACCINATION EXPIRES:

Month Day Year

Producer:

P F I

(First 3 letters)

1 yr. Lic./Vacc.

3 yr. Lic./Vacc.

Other

Vacc. Serial (lot) no.

Veterinarian's #

628

(License No.)

(Signature)

Address:

502-0222

| AGENCY COPY                             |  | RABIES VACCINATION CERTIFICATE                       |   |                             | Rabies Tag Number |                                    |
|---|--|--|---|-----------------------------|-------------------|------------------------------------|
| Owner's Name and Address                |  |  |   | NASPHV Form #51             |                   | Print - use ball point pen or type |
| PRINT - Last <b>GSR</b>                 |  |  |   | First                       | M.I.              | Telephone <b>919 192</b>           |
| No.                                     | Street                                   |  | City  | State                       |                   | Zip                                |
| Species:                                | Sex:                                     | Age:   | Size:   | Predominant Breed:          |                   | Colors:                            |
| Dog <input checked="" type="checkbox"/> | Male <input checked="" type="checkbox"/> | 3 mo to 12 mo <input checked="" type="checkbox"/>    | Under 20 lbs. <input checked="" type="checkbox"/> | Cbi                         |                   | br. & wh.                          |
| Cat <input type="checkbox"/>            | Female <input type="checkbox"/>          | 12 mo or older <input type="checkbox"/>              | 20 - 50 lbs. <input type="checkbox"/>             | Name                        |                   |                                    |
| Other <input type="checkbox"/>          | Neutered <input type="checkbox"/>        | Actual Age   | Over 50 lbs. <input type="checkbox"/>             | Bobo                        |                   |                                    |
| (Specify)                               |  | 1 1/2 y  | Actual ___ lbs                                    |                             |                   |                                    |
| DATE VACCINATED:                        |  | Producer: <b>PFI</b>                                 |   | Veterinarian's # <b>628</b> |                   |                                    |
| 2 22 13                                 |  | (First 3 letters)                                    |   | Bob Moorhead                |                   |                                    |
| Month Day Year                          |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. |   | (Signature)                 |                   |                                    |
| VACCINATION EXPIRED:                    |  | <input type="checkbox"/> 3 yr. Lic./Vacc.            |   | Address                     |                   |                                    |
| Month Day Year                          |  | Other  |   | 502-0222                    |                   |                                    |
|   |  | Vacc. Serial (lot) no:                               |   |                             |                   |                                    |

| AGENCY COPY                                 |  | RABIES VACCINATION CERTIFICATE  |   |  | NASPHV Form #51   |  |
|---|--|---|---|--|-------------------|--|
| Owner's Name and Address                    |  |   |   |  | Rabies Tag Number |  |
| PRINT - Last                                |  |   |   |  | Telephone         |  |
| First                                       |  |   |   |  | M.I.              |  |
| No.   |  | Street  |   | City   |                   |  |
|   |  |   |   | State  |                   |  |
|   |  |   |   | Zip  |                   |  |
| Species:                                    | Sex:   | Age:  | Size:   | Predominant Breed:                           | Colors:           |  |
| Dog <input checked="" type="checkbox"/>     | Male <input checked="" type="checkbox"/>     | 3 mo. to 12 mo. <input checked="" type="checkbox"/>   | Under 20 lbs. <input checked="" type="checkbox"/> | Greyhound mix                                | Black             |  |
| Cat <input type="checkbox"/>                | Female <input type="checkbox"/>              | 12 mo or older <input type="checkbox"/>   | 20 - 50 lbs. <input type="checkbox"/>             | C  |                   |  |
| Other <input type="checkbox"/><br>(Specify) | Neutered <input checked="" type="checkbox"/> | Actual Age  | Over 50 lbs. <input type="checkbox"/>             | Name:  |                   |  |
|   |  |   | Actual: ___ lbs.                                  |  |                   |  |
| DATE VACCINATED:                            |  | Producer: <u>P F I</u><br>(First 3 letters)   |   | Veterinarian's # <u>628</u><br>(License No.) |                   |  |
| 02 21 13<br>Month Day Year                  |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc.<br><input checked="" type="checkbox"/> 3 yr. Lic./Vacc.<br>Other |   | <u>Bob Moorhead</u><br>(Signature)           |                   |  |
| VACCINATION EXPIRED:                        |  | Vacc. Serial (lot) no.  |   | Address:                                     |                   |  |
| 02 21 14<br>Month Day Year                  |  |   |   |  |                   |  |

| AGENCY COPY                                  |  | RABIES VACCINATION CERTIFICATE          |  |                    | Rabies Tag Number |           |
|--|--|---|--|--------------------|-------------------|-----------|
| Owner's Name and Address                     |  |   |  | NAPHV Form #51     |                   | 196       |
| PRINT - Last                                 |  |   |  | First              | M.I.              | Telephone |
| GSR  |  |   |  |                    |                   |           |
| No.  | Street   | City                                    |  | State              | Zip               |           |
| Species:                                     | Sex:   | Age:                                    | Size:                                  | Predominant Breed: | Colors:           |           |
| Dog <input checked="" type="checkbox"/>      | Male <input checked="" type="checkbox"/>             | 3 mo to 12 mo <input type="checkbox"/>  | Under 20 lbs. <input type="checkbox"/> | Boxer X            | Fawn & white      |           |
| Cat <input type="checkbox"/>                 | Female <input type="checkbox"/>                      | 12 mo or older <input type="checkbox"/> | 20 - 50 lbs. <input type="checkbox"/>  |                    |                   |           |
| Other: <input type="checkbox"/><br>(Specify) | Neutered <input type="checkbox"/>                    | Actual Age                              | Over 50 lbs. <input type="checkbox"/>  | Name:              |                   |           |
|  |  | 5 Y                                     | Actual 75 lbs.                         | Buster Brown       |                   |           |
| DATE VACCINATED:                             | Producer:  |   | Veterinarian's #:                      |                    | 628               |           |
| 2 23 13                                      | PFI<br>(First 3 letters)                             |   | Bob Moorhead                           |                    | (License No.)     |           |
| Month Day Year                               | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. |   | (Signature)                            |                    |                   |           |
| VACCINATION EXPIRES:                         | <input type="checkbox"/> 3 yr. Lic./Vacc.            |   | Address:                               |                    |                   |           |
| Month Day Year                               | Other  |   |  |                    |                   |           |
|  | Vacc. Serial (lot) no.                               |   |  |                    |                   |           |

|  |  |   |   |                           |                          |
|--|--|---|---|---------------------------|--------------------------|
| AGENCY COPY  |  | <b>RABIES VACCINATION CERTIFICATE</b>   |   |                           |                          |
| Owner's Name and Address <small>NASPHV Form #51</small><br>PRINT - Last First M.I. Telephone   |  |   |   |                           | Rabies Tag Number<br>189 |
| No.  | Street   | City  | State   | Zip                       |                          |
| Species:<br>Dog <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/><br>Cat <input type="checkbox"/> Female <input type="checkbox"/><br>Other: <input type="checkbox"/> Neutered <input checked="" type="checkbox"/> (Specify) | Age:<br>3 mo to 12 mo <input type="checkbox"/><br>12 mo or older <input checked="" type="checkbox"/><br>Actual Age _____ | Size:<br>Under 20 lbs. <input checked="" type="checkbox"/><br>20 - 50 lbs. <input type="checkbox"/><br>Over 50 lbs. <input type="checkbox"/><br>Actual _____ lbs. | Predominant Breed:<br>Chi   | Colors:<br>Black<br>White |                          |
| DATE VACCINATED:<br>02 22 13<br>Month Day Year   |  | Producer: PFI<br>(First 3 letters)<br><input checked="" type="checkbox"/> 1 yr. Lic./Vacc.<br><input type="checkbox"/> 3 yr. Lic./Vacc.<br>Other _____            | Veterinarian's #: 628<br>(License No.)<br>Bob Moorhead<br>(Signature)<br>Address: |                           |                          |
| VACCINATION EXPIRED:<br>02 22 14<br>Month Day Year   |  | Vacc. Serial (lot) no.  |   |                           |                          |

| AGENCY COPY   |   | RABIES VACCINATION CERTIFICATE   |   |  | Rabies Tag Number       |     |
|---|---|--|---|--|-------------------------|-----|
| Owner's Name and Address<br><b>PRINT - Last</b> <u>C. J. R.</u> First _____ M.I. _____ Telephone _____  |   |  |   | NASPHV Form #51<br><b>Print - use ball point pen or type</b> |                         | 180 |
| No. _____   | Street _____  | City _____   | State _____   | Zip _____  |                         |     |
| Species:<br>Dog <input checked="" type="checkbox"/><br>Cat <input checked="" type="checkbox"/><br>Other: <input type="checkbox"/> (Specify) _____ | Sex:<br>Male <input checked="" type="checkbox"/><br>Female <input type="checkbox"/><br>Neutered <input checked="" type="checkbox"/> | Age:<br>3 mo to 12 mo <input type="checkbox"/><br>12 mo or older <input checked="" type="checkbox"/><br>Actual Age _____ | Size:<br>Under 20 lbs. <input checked="" type="checkbox"/><br>20 - 50 lbs. <input type="checkbox"/><br>Over 50 lbs. <input type="checkbox"/><br>Actual _____ lbs. | Predominant Breed:<br><u>DSH</u>                             | Colors:<br><u>White</u> |     |
| DATE VACCINATED:<br><u>02 21 13</u><br>Month Day Year   | Producer: <u>P F I</u><br>(First 3 letters)   |  | Veterinarian's #: <u>628</u><br>(License No.)   |  |                         |     |
| VACCINATION EXPIRES:<br><u>02 21 14</u><br>Month Day Year   | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc.<br><input type="checkbox"/> 3 yr. Lic./Vacc.<br>Other _____                    |  | <u>Bob Moorhead</u><br>(Signature)<br>Address: _____  |  |                         |     |
| Vacc. Serial (lot) no: _____  |   |  |   |  |                         |     |

| AGENCY COPY                                  |  | <b>RABIES VACCINATION CERTIFICATE</b>                 |   |                       |                 | Rabies Tag Number |
|--|--|---|---|-----------------------|-----------------|-------------------|
| Owner's Name and Address                     |  | NASPHV Form #51<br>Print - use ball point pen or type |   |                       | 194             |                   |
| PRINT - Last<br><b>GSR</b>                   |  | First   | M.I.  | Telephone             |                 |                   |
| No.  | Street   | City  |   | State                 | Zip             |                   |
| Species:                                     | Sex:   | Age:  | Size:   | Predominant Breed:    | Colors:         |                   |
| Dog <input checked="" type="checkbox"/>      | Male <input checked="" type="checkbox"/>             | 3 mo to 12 mo <input checked="" type="checkbox"/>     | Under 20 lbs. <input checked="" type="checkbox"/> | <b>Boston Terrier</b> | <b>White</b>    |                   |
| Cat <input type="checkbox"/>                 | Female <input type="checkbox"/>                      | 12 mo or older <input type="checkbox"/>               | 20 - 50 lbs. <input type="checkbox"/>             |                       |                 |                   |
| Other: <input type="checkbox"/><br>(Specify) | Neutered <input type="checkbox"/>                    | Actual Age  | Over 50 lbs. <input type="checkbox"/>             | Name                  |                 |                   |
|  |  | <b>5 1/2 Y</b>  | Actual <b>15</b> lbs.                             | <b>Shirley</b>        |                 |                   |
| DATE VACCINATED:                             | Producer:  |   | Veterinarian's #                                  |                       | 628             |                   |
| <b>2 22 13</b>                               | <b>P F I</b><br>(First 3 letters)                    |   | <b>Prof. Moorhead</b>                             |                       | (License No.)   |                   |
| Month Day Year                               | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. |   | (Signature)                                       |                       |                 |                   |
| VACCINATION EXPIRES:                         | <input type="checkbox"/> 3 yr. Lic./Vacc.            |   | Address:  |                       |                 |                   |
| Month Day Year                               | Other:   |   |   |                       |                 |                   |
|  | Vacc. Serial (lot) no.                               |   |   |                       | <b>502-0222</b> |                   |

| AGENCY COPY  |  | RABIES VACCINATION CERTIFICATE  |  |  |  | Rabies Tag Number   |  |
|--|--|---|--|--|--|---|--|
| Owner's Name and Address: <b>Print - use ball point pen or type.</b>   |  |   |  |  |  | 191   |  |
| PRINT Last: <b>GSA</b>   |  | First:  |  | M.I.:  |  | Telephone:  |  |
| No.:   |  | Street:   |  | City:  |  | State:  |  |
| Zip:   |  | Species:  |  | Sex:   |  | Age:  |  |
| <input checked="" type="checkbox"/> Dog<br><input type="checkbox"/> Cat<br><input type="checkbox"/> Other (Specify): |  | <input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Neutered                    |  | <input checked="" type="checkbox"/> 3 mo to 12 mo<br><input type="checkbox"/> 12 mo or older<br>Actual Age: <b>1 1/2 Y</b> |  | <input checked="" type="checkbox"/> Under 20 lbs.<br><input type="checkbox"/> 20 - 50 lbs.<br><input type="checkbox"/> Over 50 lbs.<br>Actual: lbs. |  |
| Predominant Breed:   |  | Colors:   |  | Name:  |  |   |  |
| <b>Chi</b>   |  | <b>tan &amp; white</b>  |  | <b>Beau</b>  |  |   |  |
| DATE VACCINATED:   |  | Producer:   |  | Veterinarian's #:  |  | 628   |  |
| <b>2 22 13</b>   |  | <b>PFI</b><br>(First 3 letters)   |  | <b>Bob No. 100</b><br>(License No.)  |  |   |  |
| Month Day Year   |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc.<br><input type="checkbox"/> 3 yr. Lic./Vacc.<br><input type="checkbox"/> Other |  | (Signature)  |  |   |  |
| VACCINATION EXPIRED:   |  | Vacc. Serial (lot) no.:   |  | Address:   |  |   |  |
| Month Day Year   |  |   |  |  |  | <b>502-0222</b>   |  |

| AGENCY COPY                                  |  | RABIES VACCINATION CERTIFICATE                       |  | Rabies Tag Number  |         |
|--|--|--|--|--------------------|---------|
| Owner's Name and Address                     |  |  | Print - use ball point pen or type     |                    | 188     |
| PRINT - Last                                 |  | First  | M.I.                                   | Telephone          |         |
| No.  |  | Street   | City                                   | State              | Zip     |
| Species:                                     | Sex:                                       | Age:   | Size:                                  | Predominant Breed: | Colors: |
| Dog <input checked="" type="checkbox"/>      | Male <input type="checkbox"/>              | 3 mo to 12 mo <input checked="" type="checkbox"/>    | Under 20 lbs. <input type="checkbox"/> | Greyhound          | Brown   |
| Cat <input type="checkbox"/>                 | Female <input checked="" type="checkbox"/> | 12 mo or older <input type="checkbox"/>              | 20 - 50 lbs. <input type="checkbox"/>  | DMX                |         |
| Other: <input type="checkbox"/><br>(Specify) | Neutered <input type="checkbox"/>          | Actual Age _____                                     | Over 50 lbs. <input type="checkbox"/>  | Name:              |         |
|  |  |  | Actual _____ lbs.                      | Jiggers            |         |
| DATE VACCINATED:                             |  | Producer:  | Veterinarian's #                       |                    |         |
| 02 21 13                                     |  | P F I  | 628                                    |                    |         |
| Month Day Year                               |  | (First 3 letters)                                    | (License No.)                          |                    |         |
| VACCINATION EXPIRED:                         |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. | Bob Moohead                            |                    |         |
| 02 21 14                                     |  | <input type="checkbox"/> 3 yr. Lic./Vacc.            | (Signature)                            |                    |         |
| Month Day Year                               |  | Other _____  | Address:                               |                    |         |
|  |  | Vacc. Serial (lot) no. _____                         |  |                    |         |

| AGENCY COPY                                    |  | RABIES VACCINATION CERTIFICATE                       |   |                               |                   | Rabies Tag Number |           |
|--|--|--|---|-------------------------------|-------------------|-------------------|-----------|
| Owner's Name and Address                       |  |  |   |                               | Rabies Tag Number |                   |           |
| PRINT - Last <b>65R</b> First _____ M.I. _____ |  |  |   |                               | 193               |                   |           |
| No. _____                                      |  | Street _____   |   | City _____                    |                   | State _____       | Zip _____ |
| Species:                                       | Sex:   | Age:   | Size:   | Predominant Breed:            | Colors:           |                   |           |
| Dog <input checked="" type="checkbox"/>        | Male <input checked="" type="checkbox"/>     | 3 mo to 12 mo <input checked="" type="checkbox"/>    | Under 20 lbs. <input checked="" type="checkbox"/> | <i>D. Boyhound mix</i>        | <i>brindle</i>    |                   |           |
| Cat <input type="checkbox"/>                   | Female <input type="checkbox"/>              | 12 mo or older <input type="checkbox"/>              | 20 - 50 lbs. <input type="checkbox"/>             | Name: <i>Charlie</i>          | <i>black</i>      |                   |           |
| Other: <input type="checkbox"/><br>(Specify)   | Neutered <input checked="" type="checkbox"/> | Actual Age: <i>1 1/2 y</i>                           | Over 50 lbs. <input type="checkbox"/>             | Actual _____ lbs.             |                   |                   |           |
| DATE VACCINATED:                               |  | Producer: <b>P F I</b>                               |   | Veterinarian's #: <i>628</i>  |                   |                   |           |
| <i>2 22 13</i>                                 |  | (First 3 letters)                                    |   | (License No.)                 |                   |                   |           |
| Month Day Year                                 |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. |   | Signature: <i>Bob Woodard</i> |                   |                   |           |
| VACCINATION EXPIRED:                           |  | <input type="checkbox"/> 3 yr. Lic./Vacc.            |   | Address:                      |                   |                   |           |
| Month Day Year                                 |  | Other _____  |   |                               |                   |                   |           |
| Month Day Year                                 |  | Vacc. Serial (lot) no. _____                         |   | <i>502-0222</i>               |                   |                   |           |

| AGENCY COPY   |  | <b>RABIES VACCINATION CERTIFICATE</b>                |   |                     |  | Rabies Tag Number |
|---|--|--|---|---------------------|--|-------------------|
| Owner's Name and Address: <b>PRINT - Last</b> <u>GSA</u> <b>First</b> _____ <b>M.I.</b> _____ |  |  |   |                     | NASPHV Form #51<br><b>Print - use ball point pen or type</b> |                   |
| No. _____ Street _____ City _____ State _____ Zip _____                                       |  |  |   |                     | Telephone _____  |                   |
| Species:  | Sex:   | Age:   | Size:   | Predominant Breed:  | Colors:  |                   |
| Dog <input checked="" type="checkbox"/>   | Male <input checked="" type="checkbox"/>     | 3 mo to 12 mo <input checked="" type="checkbox"/>    | Under 20 lbs. <input checked="" type="checkbox"/> | <u>Chi</u>          | <u>bl. &amp; wh.</u>   |                   |
| Cat <input type="checkbox"/>  | Female <input type="checkbox"/>              | 12 mo or older <input type="checkbox"/>              | 20 - 50 lbs. <input type="checkbox"/>             |                     |  |                   |
| Other (Specify) <input type="checkbox"/>  | Neutered <input checked="" type="checkbox"/> | Actual Age _____                                     | Over 50 lbs. <input type="checkbox"/>             | Name: <u>Ripito</u> |  |                   |
| DATE VACCINATED:  |  | Producer:  | Veterinarian's #                                  |                     | 628  |                   |
| <u>2 22 13</u>  |  | <u>PFI</u><br>(First 3 letters)                      | <u>Bob Moorhead</u><br>(License No.)              |                     |  |                   |
| Month Day Year  |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. | (Signature)                                       |                     |  |                   |
| VACCINATION EXPIRED:  |  | <input type="checkbox"/> 3 yr. Lic./Vacc.            | Address:  |                     |  |                   |
| Month Day Year  |  | Other _____  |   |                     |  |                   |
|   |  | Vacc. Serial (lot) no _____                          |   |                     | <u>502-0222</u>  |                   |

| AGENCY COPY                                  |  | RABIES VACCINATION CERTIFICATE                       |  | Rabies Tag Number           |                   |
|--|--|--|--|-----------------------------|-------------------|
| Owner's Name and Address                     |  |  | NASPHV Form #51                                  |                             | Rabies Tag Number |
| PRINT - Last <u>Sierra</u>                   |  |  | First <u>Jamette</u>                             |                             | M.I.              |
| No. _____                                    |  |  | Street _____                                     |                             | City _____        |
| State _____                                  |  |  | State _____                                      |                             | Zip _____         |
| Species:                                     | Sex:   | Age:   | Size:  | Predominant Breed:          | Colors:           |
| Dog <input type="checkbox"/>                 | Male <input type="checkbox"/>                | 3 mo to 12 mo <input type="checkbox"/>               | Under 20 lbs. <input type="checkbox"/>           | <u>DH</u>                   | <u>Orange</u>     |
| Cat <input checked="" type="checkbox"/>      | Female <input checked="" type="checkbox"/>   | 12 mo or older <input checked="" type="checkbox"/>   | 20 - 50 lbs. <input checked="" type="checkbox"/> |                             |                   |
| Other: <input type="checkbox"/><br>(Specify) | Neutered <input checked="" type="checkbox"/> | Actual Age _____                                     | Over 50 lbs. <input type="checkbox"/>            | Name:                       |                   |
|  |  |  | Actual _____ lbs.                                | <u>Emma</u>                 |                   |
| DATE VACCINATED:                             |  | Producer: <u>P E I</u>                               |  | Veterinarian's # <u>628</u> |                   |
| <u>02 21 13</u>                              |  | (First 3 letters)                                    |  | (License No.)               |                   |
| Month Day Year                               |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. |  | <u>Bob Marshall</u>         |                   |
| VACCINATION EXPIRED:                         |  | <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. |  | (Signature)                 |                   |
| <u>02 21 14</u>                              |  | Other _____  |  | Address:                    |                   |
| Month Day Year                               |  | Vacc. Serial (lot) no. _____                         |  |                             |                   |

AGENCY COPY

## RABIES VACCINATION CERTIFICATE

NASPHV Form #51

Owner's Name and Address Rabies Tag Number  
 PRINT - Last GOR First \_\_\_\_\_ M.I. \_\_\_\_\_ Telephone 248

No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

|  |  |   |  |                    |              |
|--|--|---|--|--------------------|--------------|
| Species:                                     | Sex:   | Age:                                    | Size:  | Predominant Breed: | Colors:      |
| Dog <input checked="" type="checkbox"/>      | Male <input checked="" type="checkbox"/>     | 3 mo to 12 mo <input type="checkbox"/>  | Under 20 lbs. <input type="checkbox"/>           | <u>Mix</u>         | <u>Black</u> |
| Cat <input type="checkbox"/>                 | Female <input type="checkbox"/>              | 12 mo or older <input type="checkbox"/> | 20 - 50 lbs. <input checked="" type="checkbox"/> |                    | <u>Brown</u> |
| Other: <input type="checkbox"/><br>(Specify) | Neutered <input checked="" type="checkbox"/> | Actual Age _____                        | Over 50 lbs. <input type="checkbox"/>            | Name: _____        |              |
|  |  | Actual _____ lbs.                       | Actual _____ lbs.                                |                    |              |

|   |   |   |
|---|---|---|
| DATE VACCINATED:<br><u>03 26 13</u><br>Month Day Year     | Producer: <span style="border: 1px solid black; padding: 2px;">P F 11</span><br>(First 3 letters)                                   | Veterinarian's # <u>628</u><br>(License No.)<br><u>Red. Mores - Mend</u><br>(Signature) |
| VACCINATION EXPIRED:<br><u>03 26 14</u><br>Month Day Year | <input type="checkbox"/> 1 yr. Lic./Vacc.<br><input checked="" type="checkbox"/> 3 yr. Lic./Vacc.<br><input type="checkbox"/> Other | Address: _____<br>_____<br>_____  |
| Vacc. Serial (lot) no. _____                              |   |   |

| AGENCY COPY   |  | RABIES VACCINATION CERTIFICATE                       |  |                    |                 | Rabies Tag Number |  |
|---|--|--|--|--------------------|-----------------|-------------------|--|
| Owner's Name and Address: <b>PRINT - use ball-point pen or type</b> |  |  |  |                    | NASPHV Form #51 |                   |  |
| PRINT - Last  |  | First  |  | M.I.               | Telephone       |                   |  |
| GSR   |  |  |  |                    | 200             |                   |  |
| No.   | Street                                   | City   |  | State              | Zip             |                   |  |
| Species:  | Sex:                                     | Age:   | Size:  | Predominant Breed: | Colors:         |                   |  |
| Dog <input checked="" type="checkbox"/>                             | Male <input checked="" type="checkbox"/> | 3 mo to 12 mo <input type="checkbox"/>               | Under 20 lbs. <input type="checkbox"/>           | Collie X           | TAN             |                   |  |
| Cat <input type="checkbox"/>  | Female <input type="checkbox"/>          | 12 mo or older <input type="checkbox"/>              | 20 - 50 lbs. <input checked="" type="checkbox"/> |                    | WHT             |                   |  |
| Other: <input type="checkbox"/><br>(Specify)                        | Neutered <input type="checkbox"/>        | Actual Age:  | Over 50 lbs. <input type="checkbox"/>            | Name:              |                 |                   |  |
|   |  | 1 Y  | Actual lbs. 25                                   | Monster            |                 |                   |  |
| DATE VACCINATED:  |  | Producer:  |  | Veterinarian's #   |                 |                   |  |
| 2 23 13   |  | P F I<br>(First 3 letters)                           |  | 628                |                 |                   |  |
| Month Day Year  |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. |  | (License No.)      |                 |                   |  |
| VACCINATION EXPIRES:  |  | <input type="checkbox"/> 3 yr. Lic./Vacc.            |  | Bob Morkland       |                 |                   |  |
| Month Day Year  |  | Other  |  | (Signature)        |                 |                   |  |
|   |  | Vacc. Serial (lot) no.                               |  | Address:           |                 |                   |  |
|   |  |  |  |                    |                 |                   |  |

AGENCY COPY

### RABIES VACCINATION CERTIFICATE

NASPHV Form #51

Owner's Name and Address

Print - use ball point pen or type

Rabies Tag Number

184

PRINT - Last

First

M.I.

Telephone

GSR

No.

Street

City

State

Zip

Species:

Sex:

Age:

Size:

Predominant Breed:

Colors:

Dog

Male

3 mo to 12 mo

Under 20 lbs.

Doll

white

Cat

Female

12 mo or older

20 - 50 lbs.

Name:

Other

Neutered

Actual Age

Over 50 lbs.

Actual lbs

snow white

DATE VACCINATED:

Producer:

Veterinarian's #

628

(License No.)

02 21 13

Month Day Year

(First 3 letters)

Bob Moorhead

(Signature)

1 yr. Lic./Vacc.

3 yr. Lic./Vacc.

Other

Address:

VACCINATION EXPIRED:

02 21 14

Month Day Year

Vacc. Serial (lot) no.

| AGENCY COPY                             |  | RABIES VACCINATION CERTIFICATE                       |   |                    |                   | Rabies Tag Number |     |
|---|--|--|---|--------------------|-------------------|-------------------|-----|
| Owner's Name and Address                |  |  |   |                    | Rabies Tag Number |                   |     |
| PRINT - Last                            |  |  |   |                    | Telephone         |                   |     |
| First                                   |  |  |   |                    | M.I.              |                   |     |
| No.                                     |  | Street   |   | City               |                   | State             | Zip |
| Species:                                | Sex:                                     | Age:   | Size:   | Predominant Breed: |                   | Colors:           |     |
| Dog <input type="checkbox"/>            | Male <input checked="" type="checkbox"/> | 3 mo to 12 mo <input checked="" type="checkbox"/>    | Under 20 lbs. <input checked="" type="checkbox"/> | DGA                |                   | Orange            |     |
| Cat <input checked="" type="checkbox"/> | Female <input type="checkbox"/>          | 12 mo or older <input type="checkbox"/>              | 20 - 50 lbs. <input type="checkbox"/>             |                    |                   |                   |     |
| Other: <input type="checkbox"/>         | Neutered <input type="checkbox"/>        | Actual Age   | Over 50 lbs. <input type="checkbox"/>             | Name:              |                   |                   |     |
| (Specify)                               |  |  | Actual lbs.                                       | Floss              |                   |                   |     |
| DATE VACCINATED:                        |  | Producer:  |   | Veterinarian's #   |                   |                   |     |
| 02 21 13                                |  | P F I  |   | 628                |                   |                   |     |
| Month Day Year                          |  | (First 3 letters)                                    |   | (License No.)      |                   |                   |     |
| VACCINATION EXPIRES:                    |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. |   | Signature:         |                   |                   |     |
| 02 21 14                                |  | <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. |   | Bob Moorhead       |                   |                   |     |
| Month Day Year                          |  | Other  |   | Address:           |                   |                   |     |
|   |  | Vacc. Serial (lot) no.                               |   |                    |                   |                   |     |

| AGENCY COPY                                   |  | RABIES VACCINATION CERTIFICATE                       |  |   |  | NASPHV Form #51                                   |  |
|---|--|--|--|---|--|---|--|
| Owner's Name and Address                      |  |  |  |   |  | Rabies Tag Number                                 |  |
| PRINT: Last <u>GSR</u> First _____ M.I. _____ |  |  |  |   |  | 18  |  |
| Telephone _____                               |  |  |  |   |  |   |  |
| No. _____                                     |  | Street _____   |  | City _____  |  | State _____ Zip _____                             |  |
| Species:                                      |  | Sex:   |  | Age:  |  | Size:   |  |
| Dog <input type="checkbox"/>                  |  | Male <input type="checkbox"/>                        |  | 3 mo. to 12 mo. <input type="checkbox"/>            |  | Under 20 lbs. <input checked="" type="checkbox"/> |  |
| Cat <input checked="" type="checkbox"/>       |  | Female <input checked="" type="checkbox"/>           |  | 12 mo. or older <input checked="" type="checkbox"/> |  | 20 - 50 lbs. <input type="checkbox"/>             |  |
| Other: <input type="checkbox"/><br>(Specify)  |  | Neutered: <input checked="" type="checkbox"/>        |  | Actual Age _____                                    |  | Over 50 lbs. <input type="checkbox"/>             |  |
|   |  |  |  | Actual _____ lbs.                                   |  | Actual _____ lbs.                                 |  |
| Predominant Breed:                            |  |  |  | Colors:   |  |   |  |
| DLH   |  |  |  | MIX   |  |   |  |
| Name:   |  |  |  | Queeny  |  |   |  |
| DATE VACCINATED:                              |  | Producer:  |  | Veterinarian's #:                                   |  | 628   |  |
| 02 21 13                                      |  | D F I  |  | (License No.)                                       |  |   |  |
| Month Day Year                                |  | (First 3 letters)                                    |  | Bob Moorhead  |  | (Signature)                                       |  |
| VACCINATION EXPIRES:                          |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. |  | Address:  |  |   |  |
| 02 21 14                                      |  | <input type="checkbox"/> 3 yr. Lic./Vacc.            |  |   |  |   |  |
| Month Day Year                                |  | Other _____  |  |   |  |   |  |
|   |  | Vacc. Serial (lot) no. _____                         |  |   |  |   |  |

| AGENCY COPY                              |   | RABIES VACCINATION CERTIFICATE                       |   |                    | Rabies Tag Number |  |
|--|---|--|---|--------------------|-------------------|--|
| Owner's Name and Address:                |   | Print - use ball point pen or type                   |   |                    | Telephone         |  |
| PRINT - Last                             |   | First  |   |                    | M.I.              |  |
| No.                                      |   | Street   |   |                    | City              |  |
| State                                    |   | Zip  |   |                    |                   |  |
| Species:                                 | Sex:                                      | Age:   | Size:   | Predominant Breed: | Colors:           |  |
| Dog: <input type="checkbox"/>            | Male: <input checked="" type="checkbox"/> | 3 mo to 12 mo: <input checked="" type="checkbox"/>   | Under 20 lbs: <input checked="" type="checkbox"/> | DEH                | Gray              |  |
| Cat: <input checked="" type="checkbox"/> | Female: <input type="checkbox"/>          | 12 mo or older: <input type="checkbox"/>             | 20 - 50 lbs: <input type="checkbox"/>             |                    |                   |  |
| Other: <input type="checkbox"/>          | Neutered: <input type="checkbox"/>        | Actual Age:  | Over 50 lbs: <input type="checkbox"/>             | Name:              |                   |  |
| (Specify)                                |   |  | Actual lbs:                                       | 0150               |                   |  |
| DATE VACCINATED:                         |   | Producer:  |   | Veterinarian's #   |                   |  |
| 6 21 13                                  |   | P E I  |   | 628                |                   |  |
| Month Day Year                           |   | (First 3 letters)                                    |   | (License No.)      |                   |  |
| VACCINATION EXPIRES:                     |   | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. |   | Signature:         |                   |  |
| 7 21 14                                  |   | <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. |   | Bob Moorhead       |                   |  |
| Month Day Year                           |   | Other  |   | Address:           |                   |  |
|  |   | Vacc. Serial (lot) no:                               |   |                    |                   |  |

| AGENCY COPY  |  | RABIES VACCINATION CERTIFICATE  |   |  |                                 |
|--|--|---|---|--|---------------------------------|
| Owner's Name and Address<br>PRINT - Last <u>GSR</u> First _____ M.I. _____<br>Print - use ball point pen or type.                |  |   |   |  | Rabies Tag Number<br><u>255</u> |
| No. _____  |  | Street _____  | City _____  | State _____                                    | Zip _____                       |
| Species:<br>Dog <input checked="" type="checkbox"/><br>Cat <input type="checkbox"/><br>Other: (Specify) <input type="checkbox"/> | Sex:<br>Male <input checked="" type="checkbox"/><br>Female <input type="checkbox"/><br>Neutered <input type="checkbox"/> | Age:<br>3 mo to 12 mo <input checked="" type="checkbox"/><br>12 mo or older <input type="checkbox"/><br>Actual Age _____    | Size:<br>Under 20 lbs. <input type="checkbox"/><br>20 - 50 lbs. <input type="checkbox"/><br>Over 50 lbs. <input checked="" type="checkbox"/><br>Actual _____ lbs. | Predominant Breed<br><u>Labrador</u>           | Colors:<br><u>Brown</u>         |
| DATE VACCINATED:<br><u>4 5 13</u><br>Month Day Year  |  | Producer: <u>P E T</u><br>(First 3 letters)   |   | Veterinarian's # <u>628</u><br>(License No.)   |                                 |
| VACCINATION EXPIRED:<br><u>4 5 16</u><br>Month Day Year  |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc.<br><input checked="" type="checkbox"/> 3 yr. Lic./Vacc.<br>_____ Other |   | (Signature)<br><u>Bob Moorhead</u><br>Address: |                                 |
| Vacc. Serial (lot) no. _____   |  |   |   |  |                                 |

| AGENCY COPY <b>RABIES VACCINATION CERTIFICATE</b> |  |  |  |                    |                       | Rabies Tag Number |
|---|--|--|--|--------------------|-----------------------|-------------------|
| Owner's Name and Address<br><b>GSR</b>            |  |  |  |                    | Telephone: <b>000</b> |                   |
| PRINT - Last                                      |  |  | First                                  | M.I.               | State                 |                   |
| No.   | Street                                       |  | City                                   | State              |                       | Zip               |
| Species:  | Sex:   | Age:   | Size:                                  | Predominant Breed: | Colors:               |                   |
| Dog <input checked="" type="checkbox"/>           | Male <input checked="" type="checkbox"/>     | 3 mo. to 12 mo. <input type="checkbox"/>             | Under 20 lbs. <input type="checkbox"/> | <b>Pug</b>         | <b>Black</b>          |                   |
| Cat <input type="checkbox"/>                      | Female <input type="checkbox"/>              | 12 mo. or older <input checked="" type="checkbox"/>  | 20 - 50 lbs. <input type="checkbox"/>  | Name:              |                       |                   |
| Other: <input type="checkbox"/><br>(Specify)      | Neutered <input checked="" type="checkbox"/> | Actual Age _____                                     | Over 50 lbs. <input type="checkbox"/>  | <b>Cooper</b>      |                       |                   |
| DATE VACCINATED:                                  |  | Producer:  | Veterinarian's #                       |                    | 628                   |                   |
| <b>12 06 14</b>                                   |  | <b>P F I</b>   | <b>Bob Moorhead</b>                    |                    | (License No.)         |                   |
| Month Day Year                                    |  | (First 3 letters)                                    | (Signature)                            |                    |                       |                   |
| VACCINATION EXPIRED:                              |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. | Address:                               |                    |                       |                   |
| <b>12 06 15</b>                                   |  | <input type="checkbox"/> 3 yr. Lic./Vacc.            |  |                    |                       |                   |
| Month Day Year                                    |  | Other _____  |  |                    |                       |                   |
|   |  | Vacc. Serial (lot) no. _____                         |  |                    |                       |                   |

| AGENCY COPY                                  |  | RABIES VACCINATION CERTIFICATE                        |   |                       |              | Rabies Tag Number |
|--|--|---|---|-----------------------|--------------|-------------------|
| Owner's Name and Address:                    |  | NASPHV Form #51<br>Print - use ball point pen or type |   |                       |              | 47                |
| PRINT - Last <b>GSR</b>                      |  | First   | M.I.  | Telephone             |              |                   |
| No.  | Street   | City  | State   | Zip                   |              |                   |
| Species:                                     | Sex:   | Age:  | Size:   | Predominant Breed:    | Colors:      |                   |
| Dog <input checked="" type="checkbox"/>      | Male <input checked="" type="checkbox"/>             | 3 mo to 12 mo <input type="checkbox"/>                | Under 20 lbs. <input checked="" type="checkbox"/> | <b>Boston Terrier</b> | <b>BLACK</b> |                   |
| Cat <input type="checkbox"/>                 | Female <input type="checkbox"/>                      | 12 mo or older <input type="checkbox"/>               | 20 - 50 lbs. <input type="checkbox"/>             |                       | <b>White</b> |                   |
| Other: <input type="checkbox"/><br>(Specify) | Neutered <input type="checkbox"/>                    | Actual Age _____                                      | Over 50 lbs. <input type="checkbox"/>             | Name: <b>JONI</b>     |              |                   |
| DATE VACCINATED:                             | Producer:  | Veterinarian's #:                                     |   | 628                   |              |                   |
| 1 17 14                                      | <b>BI</b><br>(First 3 letters)                       | (License No.)   |   | Bon Mosshead          |              |                   |
| Month Day Year                               | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. | (Signature)   |   | Address:              |              |                   |
| VACCINATION EXPIRED:                         | <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. | Vacc. Serial (lot) no.                                |   | 502-0222              |              |                   |
| 1 17 15                                      | Other: _____   |   |   |                       |              |                   |
| Month Day Year                               |  |   |   |                       |              |                   |

| <small>AGENCY COPY</small><br><b>RABIES VACCINATION CERTIFICATE</b><br><small>NASPHV Form #51</small>  |  |   |  |   |  |
|--|--|---|--|---|--|
| <small>Owner's Name and Address</small><br><b>PRINT - Last</b> _____ <b>First</b> _____ <b>M.I.</b> _____<br><small>Print - use ball point pen or type.</small>  |  |   |  |   | <small>Rabies Tag Number</small><br><b>391</b> |
| <small>No.</small> _____   |  | <small>Street</small> _____   |  | <small>City</small> _____ <small>State</small> _____ <small>Zip</small> _____   |  |
| <small>Species:</small><br>Dog <input checked="" type="checkbox"/> <small>Male</small> <input checked="" type="checkbox"/><br>Cat <input type="checkbox"/> <small>Female</small> <input type="checkbox"/><br>Other: <input type="checkbox"/> <small>Neutered</small> <input checked="" type="checkbox"/><br><small>(Specify)</small> | <small>Age:</small><br>3 mo to 12 mo <input type="checkbox"/><br>12 mo or older <input type="checkbox"/><br>Actual Age _____ | <small>Size:</small><br>Under 20 lbs. <input type="checkbox"/><br>20 - 50 lbs. <input type="checkbox"/><br>Over 50 lbs. <input type="checkbox"/><br>Actual _____ lbs.                                   | <small>Predominant Breed:</small><br><b>Shan Pw/ Lab</b> |   | <small>Colors:</small><br><b>tan</b>           |
| <small>DATE VACCINATED:</small><br><b>11 25 14</b><br><small>Month Day Year</small>  |  | <small>Producer:</small> <b>BI</b><br><small>(First 3 letters)</small><br><input checked="" type="checkbox"/> 1 yr. Lic./Vacc.<br><input checked="" type="checkbox"/> 3 yr. Lic./Vacc. ✓<br>Other _____ |  | <small>Veterinarian's #</small> <b>628</b><br><small>(License No.)</small><br><small>(Signature)</small> <b>Bob Montread</b><br><small>Address:</small> <b>864 502 0222</b> |  |
| <small>VACCINATION EXPIRES:</small><br><b>11 25 17</b><br><small>Month Day Year</small>  |  | <small>Vacc. Serial (lot) no.:</small> _____  |  |   |  |

| OWNER'S COPY                                 |  | RABIES VACCINATION CERTIFICATE   |  |   | Rabies Tag Number |  |  |
|--|--|--|--|---|-------------------|--|--|
|  |  | NASPHV Form #51  |  |   | 394               |  |  |
| Owner's Name and Address                     |  | Print - use ball point pen or type   |  |   | Telephone         |  |  |
| PRINT - Last                                 |  | First  |  |   | M.I.              |  |  |
| Shurda                                       |  | Deban  |  |   |                   |  |  |
| No.  |  | Street   |  |   | City              |  |  |
|  |  |  |  |   | State             |  |  |
|  |  |  |  |   | Zip               |  |  |
| Species:                                     |  | Sex:   |  | Age:                                    |                   | Size:                                  |  |
| Dog <input checked="" type="checkbox"/>      |  | Male <input type="checkbox"/>  |  | 3 mo to 12 mo <input type="checkbox"/>  |                   | Under 20 lbs. <input type="checkbox"/> |  |
| Cat <input type="checkbox"/>                 |  | Female <input checked="" type="checkbox"/>   |  | 12 mo or older <input type="checkbox"/> |                   | 20 - 50 lbs. <input type="checkbox"/>  |  |
| Other: <input type="checkbox"/><br>(Specify) |  | Neutered <input checked="" type="checkbox"/>   |  | Actual Age _____                        |                   | Over 50 lbs. <input type="checkbox"/>  |  |
|  |  |  |  | Actual _____ lbs.                       |                   | Actual _____ lbs.                      |  |
|  |  |  |  | Predominant Breed:                      |                   | Colors:                                |  |
|  |  |  |  | Jornia X                                |                   | Orange                                 |  |
|  |  |  |  | Name: Geerba                            |                   | White                                  |  |
| DATE VACCINATED:                             |  | Producer:  |  | Veterinarian's #                        |                   | 628                                    |  |
| 10 5 12                                      |  | BT   |  | (License No.)                           |                   | Bob Plunkard                           |  |
| Month Day Year                               |  | (First 3 letters)  |  | (Signature)                             |                   |  |  |
| VACCINATION EXPIRED:                         |  | <input type="checkbox"/> 1 yr. Lic./Vacc.<br><input checked="" type="checkbox"/> 3 yr. Lic./Vacc.<br>_____ Other |  | Address:                                |                   | 864 502 0222                           |  |
| 10 5 15                                      |  | Vacc. Serial (lot) no. _____   |  |   |                   |  |  |
| Month Day Year                               |  |  |  |   |                   |  |  |

| OWNER'S COPY   |  | RABIES VACCINATION CERTIFICATE  |   |   | Rabies Tag Number |   |  |  |
|--|--|---|---|---|-------------------|---|--|--|
| Owner's Name and Address<br><u>CSR</u>   |  | NASPHV Form #51<br>Print - use ball point pen or type   |   |   | <u>627</u>        |   |  |  |
| PRINT - Last   |  | First   |   | M.I.                                    | Telephone         |   |  |  |
| No.  | Street   |   | City  |   | State             | Zip   |  |  |
| Species:<br>Dog <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/><br>Cat <input type="checkbox"/> Female <input type="checkbox"/><br>Other: <input type="checkbox"/> Neutered <input type="checkbox"/><br>(Specify) | Sex:<br>Male <input checked="" type="checkbox"/><br>Female <input type="checkbox"/><br>Neutered <input type="checkbox"/> | Age:<br>3 mo to 12 mo <input checked="" type="checkbox"/><br>12 mo or older <input type="checkbox"/><br>Actual Age _____            | Size:<br>Under 20 lbs. <input checked="" type="checkbox"/><br>20 - 50 lbs. <input type="checkbox"/><br>Over 50 lbs. <input type="checkbox"/><br>Actual _____ lbs. | Predominant Breed:<br><u>Boss a Don</u> |                   | Colors:<br><u>Blue</u><br><u>white</u>        |  |  |
| DATE VACCINATED:<br><u>1</u> / <u>20</u> / <u>16</u><br>Month Day Year   |  | Producer: <table border="1" style="display: inline-table;"><tr><td><u>B</u></td><td><u>F</u></td></tr></table><br>(First 3 letters) |   | <u>B</u>                                | <u>F</u>          | Veterinarian's: # <u>628</u><br>(License No.) |  |  |
| <u>B</u>   | <u>F</u>   |   |   |   |                   |   |  |  |
| VACCINATION EXPIRED:<br><u>1</u> / <u>20</u> / <u>16</u><br>Month Day Year   |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc.<br><input type="checkbox"/> 3 yr. Lic./Vacc.<br>_____ Other                    |   | (Signature)<br><u>Bob Moorhead</u>      |                   |   |  |  |
|  |  | Vacc. Serial (lot) no. _____  |   | Address:<br><u>864 502 0222</u>         |                   |   |  |  |

| OWNER'S COPY   |  | RABIES VACCINATION CERTIFICATE  |  | NASPHV Form #51                        |                                 |
|--|--|---|--|--|---------------------------------|
| Owner's Name and Address<br><i>GSR</i>   |  |   | Print - use ball point pen or type           |  | Rabies Tag Number<br><i>392</i> |
| PRINT - Last<br><i>Sherrida</i>  |  | First<br><i>Debra</i>   |  | M.I.                                   | Telephone                       |
| No. Street   |  | City  |  | State                                  | Zip                             |
| Species:<br>Dog <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/><br>Cat <input type="checkbox"/> Female <input type="checkbox"/><br>Other: <input type="checkbox"/> Neutered <input type="checkbox"/><br>(Specify) | Age:<br>3 mo to 12 mo <input type="checkbox"/><br>12 mo or older <input checked="" type="checkbox"/><br>Actual Age _____ | Size:<br>Under 20 lbs. <input checked="" type="checkbox"/><br>20 - 50 lbs. <input type="checkbox"/><br>Over 50 lbs. <input type="checkbox"/><br>Actual _____ lbs. | Predominant Breed:<br><i>Porc</i>            | Colors:<br><i>Blue</i><br><i>White</i> |                                 |
| DATE VACCINATED:<br><i>10 5 12</i><br>Month Day Year   |  | Producer:<br><i>BT</i><br>(First 3 letters)   | Veterinarian's # <i>628</i><br>(License No.) |  |                                 |
| VACCINATION EXPIRED:<br><i>10 6 15</i><br>Month Day Year   |  | <input type="checkbox"/> 1 yr. Lic./Vacc.<br><input checked="" type="checkbox"/> 3 yr. Lic./Vacc.<br>____ Other   | Name: <i>KO-B</i>                            |  |                                 |
| Vacc. Serial (lot) no.   |  | Address:<br><i>864 802 0222</i>   |  |  |                                 |

| OWNER'S COPY                                      |  | RABIES VACCINATION CERTIFICATE   |  |   | Rabies Tag Number |  |
|---|--|--|--|---|-------------------|--|
| GSR<br>Owner's Name and Address                   |  | NASPHV Form #51<br>Print - use ball point pen or type  |  |   | 2342              |  |
| PRINT - Last<br>Sheidan                           |  | First<br>Debra   | M.I.                                   | Telephone   |                   |  |
| No. Street  |  | City   |  | State   | Zip               |  |
| Species:  | Sex:   | Age:   | Size:                                  | Predominant Breed:                                      | Colors:           |  |
| Dog <input checked="" type="checkbox"/>           | Male <input type="checkbox"/>                | 3 mo to 12 mo <input type="checkbox"/>   | Under 20 lbs. <input type="checkbox"/> | Schoedle  | Tri.              |  |
| Cat <input type="checkbox"/>                      | Female <input checked="" type="checkbox"/>   | 12 mo or older <input checked="" type="checkbox"/>   | 20 - 50 lbs. <input type="checkbox"/>  | Name: Winnie  |                   |  |
| Other: <input type="checkbox"/><br>(Specify)      | Neutered <input checked="" type="checkbox"/> | Actual Age _____   | Over 50 lbs. <input type="checkbox"/>  |   |                   |  |
| Actual _____ lbs.                                 |  |  |  |   |                   |  |
| DATE VACCINATED:<br>10 5 13<br>Month Day Year     |  | Producer: BI<br>(First 3 letters)  |  | Veterinarian's #: 628<br>(License No.)                  |                   |  |
| VACCINATION EXPIRED:<br>10 5 15<br>Month Day Year |  | <input type="checkbox"/> 1 yr. Lic./Vacc.<br><input checked="" type="checkbox"/> 3 yr. Lic./Vacc.<br>_____ Other |  | (Signature)<br>Bob Moorhead<br>Address:<br>864 502 0222 |                   |  |
|   |  | Vacc. Serial (lot) no.   |  |   |                   |  |

| OWNER'S COPY                                 |  | RABIES VACCINATION CERTIFICATE                       |  |                    | Rabies Tag Number |  |
|--|--|--|--|--------------------|-------------------|--|
|  |  | NASPHV Form #51                                      |  |                    | 96                |  |
| Owner's Name and Address                     |  | Print - use ball point pen or type                   |  |                    | Telephone         |  |
| PRINT - Last                                 |  | First  | M.I.                                   |                    |                   |  |
| No.  | Street                                     | City   | State                                  | Zip                |                   |  |
| Species:                                     | Sex:                                       | Age:   | Size:                                  | Predominant Breed: | Colors:           |  |
| Dog <input checked="" type="checkbox"/>      | Male <input type="checkbox"/>              | 3 mo to 12 mo <input type="checkbox"/>               | Under 20 lbs. <input type="checkbox"/> | Cattle Dog         | White             |  |
| Cat <input type="checkbox"/>                 | Female <input checked="" type="checkbox"/> | 12 mo or older <input type="checkbox"/>              | 20 - 50 lbs. <input type="checkbox"/>  |                    |                   |  |
| Other: <input type="checkbox"/><br>(Specify) | Neutered <input type="checkbox"/>          | Actual Age _____                                     | Over 50 lbs. <input type="checkbox"/>  | Name: Crystal      |                   |  |
| DATE VACCINATED:                             |  | Producer:  | Veterinarian's: #                      |                    | (License No.)     |  |
| 3 16 15<br>Month Day Year                    |  | B I<br>(First 3 letters)                             | 625                                    |                    |                   |  |
| VACCINATION EXPIRED:                         |  | <input checked="" type="checkbox"/> 1 yr. Lic./Vacc. | (Signature)                            |                    |                   |  |
| 7 16 14<br>Month Day Year                    |  | <input type="checkbox"/> 3 yr. Lic./Vacc.            | Bob M. McKeel                          |                    |                   |  |
|  |  | Other _____  | Address:                               |                    |                   |  |
|  |  | Vacc. Serial (lot) no. _____                         | 8645020227                             |                    |                   |  |

STATE OF SOUTH CAROLINA

IN THE COURT OF GENERAL SESSIONS

COUNTY OF ANDERSON

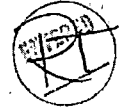
STATE V.S.

DEBRA LYNNE SHERIDAN

AKA: \_\_\_\_\_  
Race: White Sex: F Age: 49  
DOB: DOB 1965 SS#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: Easley, SC 29642-7908  
DL# \_\_\_\_\_ SID# \_\_\_\_\_

INDICTMENT/CASE#: 2015GSC0401175  
A/W: 2015A0410200310  
Date of Offense: 03/18/2015  
S.C. Code §: 44-53-375(A)  
CDR Code #: 3009

SENTENCE SHEET



\*CDL Yes  No  CMV Yes  No  Hazmat Yes  No   
In disposition of the said indictment comes now the Defendant who was  
TO: Poss Meth/Crack 1st  
In violation of § 44-53-375(A) of the S.C. Code of Laws, bearing CDR Code # 3009

CONVICTED OF or  PLEADS

NON-VIOLENT  VIOLENT  SERIOUS  MOST SERIOUS  Mandatory GPS  §17-25-45  
(CSC w/minor 1<sup>st</sup> or Lewd Act)

The charge is:  As indicted,  Lesser Included Offense,  Defendant Waives Presentment to Grand Jury. \_\_\_\_\_ (def.'s initials)  
The plea is:  Without Negotiations or Recommendation,  Negotiated Sentence,  Recommendation by the State.  
ATTEST:

Austin McCain, Assistant Solicitor 100692 SC Bar # \_\_\_\_\_ Defendant \_\_\_\_\_ Attorney for Defendant 2460 SC Bar # \_\_\_\_\_

WHEREFORE, the Defendant is committed to the  State Department of Corrections  County Detention Center,  
for a determinate term of 3 days/months/years or  under the Youthful Offender Act not to exceed \_\_\_\_\_ years  
and/or to pay a fine of \$ \_\_\_\_\_; provided that upon the service of 3 days/months/years and or payment  
of \$ \_\_\_\_\_; plus costs and assessments as applicable\*; the balance is suspended with probation for 5  
months/years and subject to South Carolina Department of Probation, Parole and Pardon Service standard conditions of probation, which  
are incorporated by reference.

CONCURRENT or  CONSECUTIVE to sentence on: \_\_\_\_\_  
 The Defendant is to be given credit for time served pursuant to S.C. Code §24-13-40 to be calculated and applied by the State  
Department of Corrections. 3 Days TIS  
 The Defendant is to be placed on Central Registry of Child Abuse and Neglect pursuant to S.C. Code §17-25-135.

Pursuant to 18 U.S.C. Section 922, it is unlawful for a person convicted of a violation of Section 16-25-20 or 16-25-65 (Criminal Domestic Violence) to ship, transport, possess, or receive a firearm or ammunition.

SPECIAL CONDITIONS:

RESTITUTION:  Deferred  Def. Waives Hearing  Ordered PTUP \_\_\_\_\_  
Total: \$ \_\_\_\_\_ plus 20% fee: \$ \_\_\_\_\_ 100 days/hours Public Service Employment  
Payment Terms: \_\_\_\_\_ Obtain GED

Set by SCDPPPS \_\_\_\_\_ Attend Voc. Rehab. Or Job Corp. \_\_\_\_\_

Recipient: \_\_\_\_\_ May serve W/E beginning \_\_\_\_\_

\*Fine: \_\_\_\_\_ \$ \_\_\_\_\_ Substance Abuse Counseling

§14-1-206 (Assessments 107.5%) \$ \_\_\_\_\_ Random Drug/Alcohol Testing

§14-1-211 (A)(1)(Conv. Surcharge) \$100 \$ 100.00 Fine may be pd. in equal consecutive weekly/monthly

§14-1-211 (A)(2)(DUI Surcharge) \$100 \$ \_\_\_\_\_ pmts. of \$ \_\_\_\_\_ Beginning \_\_\_\_\_

§56-5-2995 (DUI Assessment) \$12 \$ \_\_\_\_\_ \$ \_\_\_\_\_ Paid to Public Defender Fund

§56-1-286 (DUI Breath Test) \$25 \$ \_\_\_\_\_ Other: shall not operate a rescue shelter

Proviso 47.9 (Public Def/Prob) \$500 \$ \_\_\_\_\_ for animals.

§14-1-212 (Law Enforce. Funding) \$25 \$ 25.00

§14-1-213 (Drug Court Surcharge) \$150 \$ 150.00

§50-21-114 (BUI Breath Test Fee) \$50 \$ \_\_\_\_\_

§56-5-2942(J) (Vehicle Assessment) \$40/ea \$ \_\_\_\_\_

Proviso 90.5 (SCCJA Surcharge) \$5 \$ 5.00

3% to County (if paid in installments) \$ \$ 8.40

TOTAL \$ 288.40

Clerk of Court/Duty Clerk: Richard A. Miller Judge Code: #2782  
Court Reporter: R. Tolison Sentence Date: 11-20-15  
SCCA/217 (03/2011)

STATE OF SOUTH CAROLINA

IN THE COURT OF GENERAL SESSIONS

Court of Anderson  
STATE VS.

Indictment Number:  
15 -GS- 04 - 01175  
Probation C/W#: W-04-15-0595

Debra Sharden  
AKA:  
Race: W Sex: F  
DOB: DOB 1965  
SSN: SS#  
SID#: SID#

Name of Original Offense: Poss Meth/Crack 1st  
Original A/W#: 2015A0410200310  
Date of Original Offense: 05/18/2015  
Conviction S.C. Code §: 44-53-375 (A)  
Conviction CDR Code #: 3 1 0 1 0 1 9  
Original Sentence: 3 Years SS Upon Service 3 Days and 5 Year Probation CFTS 3 Days



ORDER

The above named defendant has been charged with violating the conditions of probation ordered on 11/20/15 in the Court of General Sessions of Anderson County, and/or the additional conditions ordered by the Court in probation continuation order(s) issued on 11/30/15, as set forth in the attached warrant(s) or citation(s) dated 11/30/15. After hearing the evidence and being duly advised, in the presence (absence) of the defendant, I find that the above named defendant has violated the following condition(s) of probation: (List by number or indicate special conditions as provided in the affidavit)  
1, 3, 10

Therefore, IT IS ORDERED that:

- the suspended sentence be revoked and the above named defendant be required to serve \_\_\_\_\_ months/years, the remainder of the original sentence, and/or pay \$\_\_\_\_\_.
- the suspended sentence be revoked and the above named defendant be required to serve \_\_\_\_\_ months/years of the original sentence and/or pay \$\_\_\_\_\_; thereupon to be reinstated on probation, subject to the conditions set forth in the attached order and not inconsistent with this order.
- the above named defendant is continued on probation as provided for in the original sentence, subject to the conditions set forth therein and not inconsistent with this order.
- probation is reduced to time served under supervision and the defendant is discharged from supervision on this date.
- the above named defendant is placed on active electronic monitoring pursuant to §23-3-540 (mandatory if convicted of first degree criminal sexual conduct with a minor or lewd act, discretionary if convicted of any other applicable sex offense against a minor).
- Financial Obligations: Order satisfies:
  - Department fees (arrearage)
  - Fines and other fees (arrearage/balance)
  - Restitution (and 20%) (arrearage/balance)
 Civil judgment:
  - Department fees
  - Fines and other fees
  - Restitution (and 20%)
- Additional Conditions ordered by the Court:

Same as 15-65-04-1176.

- The defendant is given credit for pre-revocation hearing detention time on current probation violation to be calculated and applied by the SC Department of Corrections.
- The defendant has previously served \_\_\_\_\_ months/years on this sentence.  
(split sentence time and/or prior partial revocation time)
- The defendant was previously placed on active electronic monitoring pursuant to §23-3-540.

This 11 day of Aug, 2016.  
[Signature], SC

[Signature]  
Presiding Judge  
[Signature] Judicial Circuit

You are hereby advised that under the law the Court may at any time revoke or modify any condition of this probation; impose any lawful conditions it deems proper; or extend your period of probation not to exceed five (5) years. At any time within the period of your probation, the Court may require you to serve any part of the original sentence imposed.

This is to certify that I have read, or have had read to me, the order and the conditions set out therein. I agree to comply with such conditions and the conditions of my attached probation order during the period of my probation. I have received a copy of this Court's order and all attachments.

Offender's Signature [Signature]

Witnessed by [Signature]

Signed this 11 day of Jan, 2016 at Anderson SC

STATE OF SOUTH CAROLINA

IN THE COURT OF GENERAL SESSIONS

COUNTY OF ANDERSON

STATE VS.

DEBRA LYNNE SHERIDAN

INDICTMENT/CASE#: 2015GS0401176

A/W: 2015A0410200372 Through 2015A0410200425

Date of Offense: 03/18/2015

S.C. Code §: 47-05-0200

CDR Code #: 1653

AKA:
Race: White Sex: F Age: 49
DOB: DOB# 066 SS#: SS#
Address:
City, State, Zip: Easley, SC 29642-7908
DL# DL# SID# SID#

SENTENCE SHEET



\*CDL Yes [ ] No [ ] CMV Yes [ ] No [ ] Hazmat Yes [ ] No [ ]

In disposition of the said indictment comes now the Defendant who was [ ] CONVICTED OF or [ ] PLEADS

TO: Animals / Rabies control Chapter violation (Counts 1 through 54)

In violation of § 47-05-0200 of the S.C. Code of Laws, bearing CDR Code # 1653

[ ] NON-VIOLENT [ ] VIOLENT [ ] SERIOUS [ ] MOST SERIOUS [ ] Mandatory GPS [ ] §17-25-45 (CSC w/minor 1st or Lewd Act)

The charge is: [ ] As indicted, [ ] Lesser Included Offense, [ ] Defendant Waives Presentment to Grand Jury. (def.'s initials)

The plea is: [ ] Without Negotiations or Recommendation, [ ] Negotiated Sentence, [ ] Recommendation by the State.

ATTEST:

Austin McLain, Assistant Solicitor 100692 SC Bar # Defendant Attorney for Defendant 2460 SC Bar #

WHEREFORE, the Defendant is committed to the [X] State Department of Corrections [ ] County Detention Center, for a determinate term of 1,620 days/months/years or [ ] under the Youthful Offender Act not to exceed years and/or to pay a fine of \$; provided that upon the service of 3 days/months/years and or payment of \$; plus costs and assessments as applicable\*; the balance is suspended with probation for 5 months (years) and subject to South Carolina Department of Probation, Parole and Pardon Service standard conditions of probation, which are incorporated by reference.

[X] CONCURRENT or [ ] CONSECUTIVE to sentence on: 2017GS 04 01175

[X] The Defendant is to be given credit for time served pursuant to S.C. Code §24-13-40 to be calculated and applied by the State Department of Corrections. 3 Days T/S

[ ] The Defendant is to be placed on Central Registry of Child Abuse and Neglect pursuant to S.C. Code §17-25-135.

Pursuant to 18 U.S.C. Section 922, it is unlawful for a person convicted of a violation of Section 16-25-20 or 16-25-65 (Criminal Domestic Violence) to ship, transport, possess, or receive a firearm or ammunition.

SPECIAL CONDITIONS:

[ ] RESTITUTION: [ ] Deferred [ ] Def. Waives Hearing [ ] Ordered PTUP Total: \$ plus 20% fee: \$ 100 days/hours Public Service Employment

Payment Terms: Obtain GED [ ]

[ ] Set by SCDPPPS Attend Voc. Rehab. Or Job Corp.

Recipient: May serve W/E beginning

\*Fine: Substance Abuse Counseling [X]

§14-1-206 (Assessments 107.5%) \$ Random Drug/Alcohol Testing [X]

§14-1-211 (A)(1)(Conv. Surcharge) \$100 \$ 100.00 X 54 Fine may be pd. in equal consecutive weekly/monthly

§14-1-211 (A)(2)(DUI Surcharge) \$100 \$ pmts. of \$ Beginning

§56-5-2995 (DUI Assessment) \$12 \$ Paid to Public Defender Fund

§56-1-286 (DUI Breath Test) \$25 \$

Proviso 47.9 (Public Def/Prob) \$500 \$

§14-1-212 (Law Enforce. Funding) \$25 \$ 25.00 X 54

§14-1-213 (Drug Court Surcharge) \$150 \$

§50-21-114 (BUI Breath Test Fee) \$50 \$

§56-5-2942(J) (Vehicle Assessment) \$40/ea \$

Proviso 90.5 (SCCJA Surcharge) \$5 \$ 5.00 X 54

3% to County (if paid in installments) \$ \$ 210.60

TOTAL \$ 7,230.60

Other: shall not operate a rescue shelter for animals.

[ ] Appointed PD or appointed other counsel, \$47.12 requires \$500 be paid to Clerk during probation.

Clerk of Court/Deputy Clerk: Richard A. Shirley
Court Reporter: R. Tolison

Presiding Judge: [Signature]
Judge Bar ID: #2752
Sentence Date: 11-20-2015

STATE OF SOUTH CAROLINA

IN THE COURT OF GENERAL SESSIONS

County of Anderson

Indictment Number: 15 -GS- 04 - 01176

STATE VS.

Probation C/W#: W-04-15-0595

Debra Sheridan

Name of Original Offense: Rabies Control Chapter Violation

AKA:

Original A/W#: 2015A0410200372 Through 2015A0410200425

Race: W Sex: F

Date of Original Offense: 03/18/2015

DOB: DOB 1965

Conviction S.C. Code §: 47-05-0200

SSN: SS#

Conviction CDR Code #: 1 1 6 1 5 1 3

SID#: SID#

Original Sentence: 1620 Days; SS upon Service 3 Days and 5 years Probation CFTS 3 Day



ORDER

The above named defendant has been charged with violating the conditions of probation ordered on 11/20/15 in the Court of General Sessions of Anderson County, and/or the additional conditions ordered by the Court in probation continuation order(s) issued on 11/30/15, as set forth in the attached warrant(s) or citation(s) dated 11/30/15. After hearing the evidence and being duly advised, in the (presence/absence) of the defendant, I find that the above named defendant has violated the following condition(s) of probation: (List by number or indicate special conditions as provided in the affidavit)

1, 3, 10

Therefore, IT IS ORDERED that:

- the suspended sentence be revoked and the above named defendant be required to serve \_\_\_\_\_ months/years, the remainder of the original sentence, and/or pay \$ \_\_\_\_\_.
- the suspended sentence be revoked and the above named defendant be required to serve \_\_\_\_\_ months/years of the original sentence and/or pay \$ \_\_\_\_\_; thereupon to be reinstated on probation, subject to the conditions set forth in the attached order and not inconsistent with this order.
- the above named defendant is continued on probation as provided for in the original sentence, subject to the conditions set forth therein and not inconsistent with this order.
- probation is reduced to time served under supervision and the defendant is discharged from supervision on this date.
- the above named defendant is placed on active electronic monitoring pursuant to §23-3-540 (mandatory if convicted of first degree criminal sexual conduct with a minor or lewd act, discretionary if convicted of any other applicable sex offense against a minor).

Financial Obligations: Order satisfies:  Department fees (arrearage) Civil judgment:  Department fees  
 Fines and other fees (arrearage/balance)  Fines and other fees  
 Restitution (and 20%) (arrearage/balance)  Restitution (and 20%)

Additional Conditions ordered by the Court: Intensive supervision with GPS until acceptance into an approved inpatient substance abuse treatment program. Intensive supervision for 3 months after release.

The defendant is given credit for pre-revocation hearing detention time on current probation violation to be calculated and applied by the SC Department of Corrections. Pay supervision fee at regular rate. Restrictive supervision payments.

The defendant has previously served \_\_\_\_\_ months/years on this sentence. (split sentence time and/or prior partial revocation time)

The defendant was previously placed on active electronic monitoring pursuant to §23-3-540.

ROD  
This 11 day of January, 2016,  
Anderson, SC

11/16  
10  
Presiding Judge  
Judicial Circuit

You are hereby advised that under the law the Court may at any time revoke or modify any condition of this probation; impose any lawful conditions it deems proper; or extend your period of probation not to exceed five (5) years. At any time within the period of your probation, the Court may require you to serve any part of the original sentence imposed.

This is to certify that I have read, or have had read to me, the order and the conditions set out therein. I agree to comply with such conditions and the conditions of my attached probation order during the period of my probation. I have received a copy of this Court's order and all attachments.

Offender's Signature Debra Sheridan

Witnessed by Cal Green

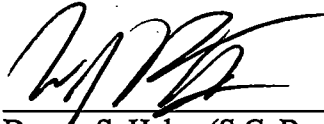
Signed this 11 day of Jan., 2016, at Anderson SC

Certificate of Counsel

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The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

July 12, 2017



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Darren S. Haley (S.C. Bar # 14564)

Willie J. Peters (S.C. Bar # 100974)

The Haley Law Firm, LLC

1007 Pendleton Street

Greenville, SC 29601

(864) 235-6638

darren@darrenhayley.com

*Attorneys for Appellant*

**RECEIVED**

JUL 31 2017

SC Court of Appeals